

<i>SERFF Tracking Number:</i>	<i>WSST-125501788</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Columbus Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38273</i>
<i>Company Tracking Number:</i>	<i>CL 90 0806</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.002 Joint (Last Survivor)</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>CLIC/Legacy G/NDL</i>		
<i>Project Name/Number:</i>	<i>CLIC/Legacy G/NDL/CL 90 0806</i>		

## Filing at a Glance

Company: Columbus Life Insurance Company

Product Name: CLIC/Legacy G/NDL

TOI: L09I Individual Life - Flexible Premium

Adjustable Life

Sub-TOI: L09I.002 Joint (Last Survivor)

Filing Type: Form

SERFF Tr Num: WSST-125501788 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 38273

Co Tr Num: CL 90 0806

State Status: Approved-Closed

Co Status:

Reviewer(s): Linda Bird

Authors: Megan Thomas, Lisa

Disposition Date: 04/02/2008

Cooper, Joanie Hagedorn, Nikki

Lape

Date Submitted: 02/27/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: CLIC/Legacy G/NDL

Project Number: CL 90 0806

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: We have filed concurrently in our state of domicile, Ohio, and it is pending.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 04/02/2008

State Status Changed: 03/05/2008

Corresponding Filing Tracking Number:

Filing Description:

RE: CL 90 0806 AR Flexible Premium Survivorship Universal Life Policy

Columbus Life Insurance Company – NAIC Code # 99937

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

<i>SERFF Tracking Number:</i>	<i>WSST-125501788</i>	<i>State:</i>	<i>Arkansas</i>
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	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>CLIC/Legacy G/NDL</i>		
<i>Project Name/Number:</i>	<i>CLIC/Legacy G/NDL/CL 90 0806</i>		

The above referenced form is being submitted in "John Doe" fashion for review and approval.

Form CL 90 0806 AR is a Flexible Premium Survivorship Universal Life Policy that will be individually marketed through licensed agents with an illustration. The key target market is for individuals interested in permanent life insurance protection for estate planning.

This policy is similar and will replace previously approved form CL 78 0203 AR, which was approved by your department on 01/30/2002. The differences between the policies are described below in the key elements paragraph.

#### Key elements of policies CL 90 0806 AR

1. 2001 CSO Ultimate Mortality Tables will be used as the basis for reserves and guaranteed COI rates. The 2001 CSO mortality rates extend to attained age 121.
2. The policy will have no stated maturity date. Policy charges will continue to attained age 120. Premium payments will be allowed to attained age 120, although the No Lapse Guarantee Premiums are payable to attained age 100. This eliminates the need for the extended maturity benefits and riders.
3. The current COI rates will utilize a 25 year select and ultimate table.
4. The current and guaranteed per \$1000 charge will both be assessed for 20 years.
5. An additional risk class, super preferred, is being added for Tobacco Abstainers, issue ages 20-70.
6. The Base No Lapse Guarantee provision is a lifetime guarantee.
7. The No Lapse Guarantee premiums are tabular

Rider form CLR-182 0806 has been filed under separate cover. It has been filed under Serff filing # WSST-125501713. The rider may also be used with policy CL 90 0806 AR upon approval.

#### Actuarial Memorandum and Demonstration:

We have enclosed an Actuarial Memorandum and corresponding demonstration proving compliance with the Standard Nonforfeiture Law for Life Insurance as approved in your state.

#### Statements of Variability:

Schedule Pages are completed in John Doe fashion and contain bracketed material. Schedule Pages are being

SERFF Tracking Number: WSST-125501788 State: Arkansas  
Filing Company: Columbus Life Insurance Company State Tracking Number: 38273  
Company Tracking Number: CL 90 0806  
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.002 Joint (Last Survivor)  
Adjustable Life  
Product Name: CLIC/Legacy G/NDL  
Project Name/Number: CLIC/Legacy G/NDL/CL 90 0806

submitted for informational purposes. Bracketed material on Schedule Pages is considered variable and is subject to change in accordance with the circumstances explained in the statement of variability.

Previously Approved Forms to be used with Contract:

We intend to use the following previously approved forms:

Form No	Form Name	App Date	State	Filing #
CLR-153 0203	Estate Tax Repeal Rider	12/27/2001	N/A	
CLR-177 0707	Other Insured Rider	04/03/2007	35498	
CLR-179 0707	Life Plus Accelerated Death Benefit Rider	09/06/2007	36550	

#### Application

Application CL 45.300 (10/05) approved on 08/07/2006, state filing number 33324, will be used with this policy.

#### Readability and Certifications

This form has been scored for readability. A readability certification and other required certifications are attached.

#### Format:

This form is being submitted in final printed format and is subject to only minor modification in paper size and stock, ink, border, typographical errors, printing in the form of a booklet and formatting pages to conform to our printer requirements. No change in language will occur.

We look forward to your review and approval.

## Company and Contact

#### Filing Contact Information

Nikki Lape, Product & State Filing Analyst	Nikki.Lape@wslife.com
400 Broadway	(800) 446-0795 [Phone]
Cincinnati, OH 45202	(513) 357-4123[FAX]

#### Filing Company Information

<i>SERFF Tracking Number:</i>	<i>WSST-125501788</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Columbus Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38273</i>
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<i>Product Name:</i>	<i>CLIC/Legacy G/NDL</i>		
<i>Project Name/Number:</i>	<i>CLIC/Legacy G/NDL/CL 90 0806</i>		
 Columbus Life Insurance Company	 CoCode: 99937	 State of Domicile: Ohio	
400 East Fourth Street	Group Code: 836	Company Type: Life	
Cincinnati, OH 45202	Group Name: West-Southern	State ID Number:	
	Group		
(800) 446-0795 ext. [Phone]	FEIN Number: 31-1191427		
	-----		

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<i>Filing Company:</i>	<i>Columbus Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38273</i>
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	<i>Adjustable Life</i>		
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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	Yes
Fee Explanation:	\$50.00 per policy form, including any accompanying forms x 1 policy form = \$50.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Columbus Life Insurance Company	\$50.00	02/27/2008	18193052

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<i>Product Name:</i>	<i>CLIC/Legacy G/NDL</i>		
<i>Project Name/Number:</i>	<i>CLIC/Legacy G/NDL/CL 90 0806</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Linda Bird	04/02/2008	04/02/2008
Approved	Linda Bird	03/05/2008	03/05/2008

### Amendments

<b>Item</b>	<b>Schedule</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Flexible Premium Survivorship Universal Life Insurance Policy	Form	Nikki Lape	03/31/2008	03/31/2008

### Filing Notes

<b>Subject</b>	<b>Note Type</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Request to Re-Open	Note To Filer	Linda Bird	03/31/2008	03/31/2008
Request to Re-Open	Note To Reviewer	Nikki Lape	03/31/2008	03/31/2008

<i>SERFF Tracking Number:</i>	<i>WSST-125501788</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Columbus Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38273</i>
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	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>CLIC/Legacy G/NDL</i>		
<i>Project Name/Number:</i>	<i>CLIC/Legacy G/NDL/CL 90 0806</i>		

## Disposition

Disposition Date: 04/02/2008

Implementation Date:

Status: Approved

Comment: Corrections made to original policy submission.

Rate data does NOT apply to filing.

SERFF Tracking Number:	WSST-125501788	State:	Arkansas
Filing Company:	Columbus Life Insurance Company	State Tracking Number:	38273
Company Tracking Number:	CL 90 0806		
TOI:	L09I Individual Life - Flexible Premium Adjustable Life	Sub-TOI:	L09I.002 Joint (Last Survivor)
Product Name:	CLIC/Legacy G/NDL		
Project Name/Number:	CLIC/Legacy G/NDL/CL 90 0806		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Actuarial Information: CL 90 0806		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Schedule Pages		Yes
Form (revised)	Flexible Premium Survivorship Universal Life Insurance Policy		Yes
Form	Flexible Premium Survivorship Universal Life Insurance Policy		Yes



<i>SERFF Tracking Number:</i>	<i>WSST-125501788</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>CLIC/Legacy G/NDL/CL 90 0806</i>		

## Disposition

Disposition Date: 03/05/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	WSST-125501788	State:	Arkansas
Filing Company:	Columbus Life Insurance Company	State Tracking Number:	38273
Company Tracking Number:	CL 90 0806		
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
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Supporting Document	Health - Actuarial Justification		No
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Supporting Document	Statement of Variability		Yes
Supporting Document	Schedule Pages		Yes
Form (revised)	Flexible Premium Survivorship Universal Life Insurance Policy		Yes
Form	Flexible Premium Survivorship Universal Life Insurance Policy		Yes

SERFF Tracking Number: WSST-125501788 State: Arkansas

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TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.002 Joint (Last Survivor)

Adjustable Life

Product Name: CLIC/Legacy G/NDL

Project Name/Number: CLIC/Legacy G/NDL/CL 90 0806

## Amendment Letter

Amendment Date:

Submitted Date: 03/31/2008

### Comments:

Dear Reviewer,

Thank you for re-opening this filing. Attached is the corrected policy as stated in the Note to Reviewer. The provision affected is Account Value on page ten. The correction is the first paragraph, which has been added to clarify when the Account Value is calculated. We certify that this is the only change made to the policy form CL 90 0806 AR.

Thank you for your additional review and look forward to your approval.

### Changed Items:

#### Form Schedule Item Changes:

#### Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
CL 90 0806 AR	Policy/Contract/Certificate	Flexible Premium Survivorship Universal Life Insurance Policy	Initial				50	CL 90 0806 AR - Legacy G.pdf

<i>SERFF Tracking Number:</i>	<i>WSST-125501788</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Columbus Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38273</i>
<i>Company Tracking Number:</i>	<i>CL 90 0806</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.002 Joint (Last Survivor)</i>
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<i>Product Name:</i>	<i>CLIC/Legacy G/NDL</i>		
<i>Project Name/Number:</i>	<i>CLIC/Legacy G/NDL/CL 90 0806</i>		

**Note To Filer**

**Created By:**

Linda Bird on 03/31/2008 02:47 PM

**Subject:**

Request to Re-Open

**Comments:**

The filing has been re-opened in order for corrections to be made.

SERFF Tracking Number: WSST-125501788 State: Arkansas  
Filing Company: Columbus Life Insurance Company State Tracking Number: 38273  
Company Tracking Number: CL 90 0806  
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.002 Joint (Last Survivor)  
Adjustable Life  
Product Name: CLIC/Legacy G/NDL  
Project Name/Number: CLIC/Legacy G/NDL/CL 90 0806

**Note To Reviewer**

**Created By:**

Nikki Lape on 03/31/2008 10:02 AM

**Subject:**

Request to Re-Open

**Comments:**

Dear Sir/Madam:

We are requesting that filing number 38273 be re-opened. We have identified language that was inadvertently omitted from the previously approved policy. The policy has not yet been issued.

The correction is the first paragraph in the Account Value provision on page ten, which has been added to clarify when the Account Value is calculated.

**Policy**

**Values Account Value**

The Account Value on the Policy Date shall be the Net Premium received for this policy on or before the Policy Date less the Monthly Policy Charges due on the Policy Date. On any other day, the Account Value will be:

- (1) the Account Value on the preceding Monthly Anniversary Day plus interest thereon to the current day; plus
- (2) any Net Premium received since the preceding Monthly Anniversary Day and interest thereon from the date of receipt to the current day; less
- (3) any withdrawal (including any withdrawal fee) paid since the preceding Monthly Anniversary Day and interest thereon from the date of payment to the current day; less
- (4) any Monthly Policy Charges due.

We certify that this is the only change made to policy form CL 90 0806 AR.

Thank you for your understanding and we look forward to your assistance in this matter.

Sincerely,

Nikki Lape

Jr. Product & State Filing Analyst

SERFF Tracking Number:	WSST-125501788	State:	Arkansas
Filing Company:	Columbus Life Insurance Company	State Tracking Number:	38273
Company Tracking Number:	CL 90 0806		
TOI:	L09I Individual Life - Flexible Premium Adjustable Life	Sub-TOI:	L09I.002 Joint (Last Survivor)
Product Name:	CLIC/Legacy G/NDL		
Project Name/Number:	CLIC/Legacy G/NDL/CL 90 0806		

## Form Schedule

**Lead Form Number:** CL 90 0806 AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	CL 90 0806 AR	Policy/Cont ract/Fratern al Certificate	Flexible Premium Survivorship Universal Life Insurance Policy	Initial		50	CL 90 0806 AR - Legacy G.pdf



400 EAST FOURTH STREET • CINCINNATI, OHIO 45202-3302 • 1-800-677-9696 • WWW.COLUMBUSLIFE.COM

## Life Insurance Policy

**Coverage Provided By This Policy:** We agree to pay the Death Benefit to the Beneficiary when We receive proof of the death of both Insureds while this policy is in force, subject to the terms of this policy. The Death Benefit is explained in the **Death Benefit Provisions** section. During the Insureds' lifetimes, We will provide cash surrender value benefits and other important rights, as described in the policy.

The Death Benefit is payable following the second death. However, You must give Us proof of the first death as soon as reasonably possible after it occurs. See the **Limits on Our Contesting This Policy** section.

**Thirty-Day Right To Examine the Policy (Free Look Period):** Please read Your policy carefully. If You are not satisfied with it, You may return it to Us within 30 days after You receive it. Mail or deliver the policy to Us at Our Home Office (P.O. Box 5737, Cincinnati, Ohio 45201-5737) or to one of Our agents. The policy will be deemed void as though no application was made. We will promptly refund any premium paid.

This policy is a legal contract between You, as Owner, and Columbus Life Insurance Company.

Signed for Columbus Life Insurance Company at Cincinnati, Ohio.

**SPECIMEN**  
*[Signature]*  
Secretary

**SPECIMEN**  
*[Signature]*  
President and  
Chief Executive Officer

Issued by a Stock Company

## PLEASE READ YOUR POLICY CAREFULLY

Flexible Premium Survivorship Universal Life Insurance Policy  
Issued on Insureds in Risk Classes Shown on Policy Schedule  
Death Benefit Payable at Death of Second Insured  
No-Lapse Guarantee with Minimum Monthly Premium  
Nonparticipating

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## Policy Schedule

**Owner:** [ John Doe ]

**Policy Number:** [ CM1234567U ]

**Insureds:**

**Age and Sex:**

**Risk Class:**

[ John Doe ]

[ 35, Male ]

[ Super Preferred (Non-Tobacco User) ]

[ Jane Doe ]

[ 35, Female ]

[ Super Preferred (Non-Tobacco User) ]

**Specified Amount:** [ \$250,000 ]

**Policy Date:** [ 06-15-2008 ]

**Planned Premium:** [ \$1,300.00 Annually ]

**Planned Additional  
First Year Premium:** [ \$0.00 ]

**Death Benefit Option:** [ 1 ]

**Minimum Issue Limit:** [ \$250,000 ]

**No-Lapse Guarantee Period:** Lifetime

No-Lapse Guarantee Minimum Monthly Premium: [ \$68.55 to Younger Insured's Age 100,  
\$0 thereafter ]

Maximum Premium Expense Charge Rates: See Maximum Premium  
Expense Charge Page

Maximum Monthly Cost of Insurance Charge Rates: See Guaranteed Maximum Cost of  
Insurance Charges Page

Maximum State Tax Charge Rate: [ 3.00% ]

Maximum Monthly Per Policy Charge: See Maximum Per Policy  
Charge Page

Maximum Monthly Per \$1,000 Charge Rates: See Maximum Per \$1,000  
Charge Page

Surrender Charges: See Surrender Charges Page

Withdrawal Fee: [ \$50 for each withdrawal  
after the first in a policy year ]

Maximum Loan Interest Rate: [ 3.50% ]

Minimum Guaranteed Interest Rate: [ 3.00% ]

Accumulation Rate for No-Lapse Guarantee

Minimum Monthly Premium: [ 5.50% ]

Minimum Withdrawal: [ \$500 ]

Minimum Net Cash Surrender Value: [ \$250 ]

Maximum Illustration Fee: [ \$75 per illustration ]

Minimum Premium Payment: [ \$50 ]

Minimum Decrease in Specified Amount: [ \$25,000 ]

**NOTE:** It is possible that coverage will expire prior to the younger Insured's age 120 if premiums paid are not sufficient to continue coverage to that date.

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## Policy Schedule (continued)

### Maximum Premium Expense Charge

<u>Coverage Layer Month</u>	<u>Up To Target Premium</u>	<u>In Excess Of Target Premium</u>
[ 1 – 144	6.50%	3.75% ]
[ 145 +	3.50%	2.75% ]
	<u>Target Premium</u>	<u>Effective Date</u>
Coverage Layer 1	[ \$1,300.00	06/15/2008 ]

## Policy Schedule (continued)

### Guaranteed Maximum Cost of Insurance Charges Rates Per Thousand Dollars of Net Amount at Risk

Policy Year	Maximum Monthly Rate	Policy Year	Maximum Monthly Rate	Policy Year	Maximum Monthly Rate
[ 1	0.000086	29	0.184529	57	11.942144
2	0.000278	30	0.220593	58	13.108444
3	0.000505	31	0.262530	59	14.548778
4	0.000770	32	0.310455	60	16.270785
5	0.001076	33	0.365771	61	18.125860
6	0.001448	34	0.429622	62	19.968975
7	0.001898	35	0.504153	63	21.299333
8	0.002452	36	0.592929	64	22.153069
9	0.003146	37	0.700784	65	23.574559
10	0.004007	38	0.829072	66	25.320628
11	0.005069	39	0.976081	67	27.185784
12	0.006364	40	1.145532	68	29.271669
13	0.007873	41	1.340575	69	31.580872
14	0.009590	42	1.566818	70	34.131318
15	0.011696	43	1.832354	71	36.866873
16	0.014310	44	2.142059	72	39.702652
17	0.017593	45	2.498306	73	42.660946
18	0.021694	46	2.923321	74	45.607206
19	0.026695	47	3.426380	75	48.818204
20	0.032947	48	3.983423	76	51.801518
21	0.040709	49	4.599810	77	55.555556
22	0.049962	50	5.297896	78	59.523810
23	0.060705	51	6.054557	79	62.500000
24	0.073080	52	6.918150	80	83.333333
25	0.087749	53	7.920599	81	83.333333
26	0.105478	54	8.994425	82	83.333333
27	0.127270	55	10.097219	83	83.333333
28	0.153548	56	11.045878	84	83.333333
				85	83.333333
				86 and later	0.000000 ]

This table shows the guaranteed maximum Cost of Insurance Charge rates for the policy without riders. These rates are joint second-to-die mortality calculations based on the [2001 CSO Nonsmoker Male and Female ALB Ultimate Mortality Table, Age Last Birthday] as specified by the risk classes of the Insureds shown on the Policy Schedule.

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**Policy Schedule** (continued)

**Maximum Per Policy Charge**

<b>Policy Year</b>	<b>Monthly Charge</b>
[ 1 – 85	\$10.00 ]
[ 86+	\$0.00 ]

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**Policy Schedule** (continued)

**Maximum Per \$1,000 Charge  
Rates Per Thousand Dollars of Specified Amount**

	<u>Coverage Layer Month</u>	<u>Monthly Rate</u>
Coverage Layer 1	[ 1 – 240]	0.17500 ]
	[ 241 +]	0.00000 ]

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## Policy Schedule (continued)

### Surrender Charges

Policy Month	Amount	Policy Month	Amount
[ 1-60	\$1,226.25	100	\$681.22
61	\$1,212.60	101	\$667.65
62	\$1,199.03	102	\$654.00
63	\$1,185.38	103	\$640.35
64	\$1,171.72	104	\$626.78
65	\$1,158.15	105	\$613.13
66	\$1,144.50	106	\$599.47
67	\$1,130.85	107	\$585.90
68	\$1,117.28	108	\$572.25
69	\$1,103.63	109	\$558.60
70	\$1,089.97	110	\$545.03
71	\$1,076.40	111	\$531.38
72	\$1,062.75	112	\$517.72
73	\$1,049.10	113	\$504.15
74	\$1,035.53	114	\$490.50
75	\$1,021.88	115	\$476.85
76	\$1,008.22	116	\$463.28
77	\$994.65	117	\$449.63
78	\$981.00	118	\$435.97
79	\$967.35	119	\$422.40
80	\$953.78	120	\$408.75
81	\$940.13	121	\$391.75
82	\$926.47	122	\$374.66
83	\$912.90	123	\$357.66
84	\$899.25	124	\$340.65
85	\$885.60	125	\$323.57
86	\$872.03	126	\$306.56
87	\$858.38	127	\$289.56
88	\$844.72	128	\$272.47
89	\$831.15	129	\$255.47
90	\$817.50	130	\$238.46
91	\$803.85	131	\$221.38
92	\$790.28	132	\$204.38
93	\$776.63	133	\$187.37
94	\$762.97	134	\$170.29
95	\$749.40	135	\$153.28
96	\$735.75	136	\$136.28
97	\$722.10	137	\$119.19
98	\$708.53	138	\$102.19
99	\$694.88	139	\$85.18
		140	\$68.10
		141	\$51.09
		142	\$34.09
		143	\$17.00
		144	\$0.00
		145 or more	\$0.00 ]

A policy month begins on a Monthly Anniversary Day and ends on the day before the Monthly Anniversary Day in the next calendar month. Policy month 1 begins on the Policy Date.

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## Policy Schedule (continued)

### Minimum Death Benefit Factors

Life Insurance Qualification Test: [Guideline Premium Test]

Younger Insured's Age Last Policy Anniversary	Applicable Factor	Younger Insured's Age Last Policy Anniversary	Applicable Factor
[ 40 and under	2.50	61	1.28
41	2.43	62	1.26
42	2.36	63	1.24
43	2.29	64	1.22
44	2.22	65	1.20
45	2.15	66	1.19
46	2.09	67	1.18
47	2.03	68	1.17
48	1.97	69	1.16
49	1.91	70	1.15
50	1.85	71	1.13
51	1.78	72	1.11
52	1.71	73	1.09
53	1.64	74	1.07
54	1.57	75 through 90	1.05
55	1.50	91	1.04
56	1.46	92	1.03
57	1.42	93	1.02
58	1.38	94	1.01
59	1.34	95 or higher	1.00 ]
60	1.30		

## Policy Schedule (continued)

### Income Plans

**Minimum Amount That May Be Applied to Income Plan:** [\$2,500]

**Minimum Payment Amount:** [\$100]

**Minimum Income Plan Interest Rate:** [1.00%]

**Income Plan Mortality Table:** [Annuity 2000 Table, with Projection Scale G, adjusted for age last birthday]

#### Income Plans:

##### **[Payments for Life – 10 Year Guarantee Period]**

Equal monthly payments shall be made for 10 years and thereafter during the life of a named person. The amount of each monthly payment depends on that person's sex and adjusted age on the date of first payment. Monthly payments will not be less than those shown in the table below.

<b>Minimum Income Table</b>								
<b>Payments for Life – 10 Year Guaranteed Period</b>								
Monthly Payments for each \$1,000 applied								
<b>Adjusted Age Last Birthday</b>	<b>Male</b>	<b>Female</b>	<b>Adjusted Age Last Birthday</b>	<b>Male</b>	<b>Female</b>	<b>Adjusted Age Last Birthday</b>	<b>Male</b>	<b>Female</b>
<b>55</b>	[3.15	2.87	<b>65</b>	[4.23	3.82	<b>75</b>	[5.91	5.47
<b>56</b>	3.23	2.94	<b>66</b>	4.38	3.95	<b>76</b>	6.11	5.67
<b>57</b>	3.32	3.02	<b>67</b>	4.52	4.08	<b>77</b>	6.30	5.89
<b>58</b>	3.41	3.10	<b>68</b>	4.68	4.22	<b>78</b>	6.49	6.11
<b>59</b>	3.51	3.19	<b>69</b>	4.84	4.38	<b>79</b>	6.68	6.33
<b>60</b>	3.62	3.28	<b>70</b>	5.01	4.54	<b>80</b>	6.87	6.54
<b>61</b>	3.73	3.37	<b>71</b>	5.18	4.71	<b>81</b>	7.06	6.76
<b>62</b>	3.85	3.47	<b>72</b>	5.36	4.88	<b>82</b>	7.24	6.97
<b>63</b>	3.97	3.58	<b>73</b>	5.54	5.07	<b>83</b>	7.41	7.18
<b>64</b>	4.10	3.70]	<b>74</b>	5.72	5.26]	<b>84</b>	7.57	7.37
						<b>85 and over</b>	7.72	7.55]

**[Adjustment to Age:** To determine the adjusted age, We subtract the Age Setback shown below from the actual age. For example, for a 67-year-old person in 2028, We use the age 64 factor per \$1,000 from the minimum income table.

<b>Year Life Income Payment Plan Begins</b>	<b>Age Setback</b>
[2012 – 2017	1 year
2018 – 2023	2 years
2024 – 2029	3 years
2030 – 2035	4 years
2036 – 2041	5 years
2042 – 2047	6 years
2048 and later	7 years]



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## **Definitions**

**YOU AND YOUR.** In this policy, You and Your refer to the Owner of the policy.

**WE, OUR AND US.** Columbus Life Insurance Company.

### ***Basic Policy Terms***.....

**BENEFICIARY.** The person or persons You have named to receive the Death Proceeds when the Insured dies.

**COVERAGE LAYER.** A Coverage Layer consists of all base policy and rider coverages that become effective on a single Monthly Anniversary Day. The first Coverage Layer consists of coverage effective on the Policy Date. The addition of rider benefits creates another Coverage Layer.

**DEATH BENEFIT.** The amount We will pay to the Beneficiary under the base policy when We receive proof that both Insureds died while this policy was in force.

**DEATH PROCEEDS.** The Death Benefit plus any insurance on the lives of the Insureds provided by riders, excluding any rider that includes its own beneficiary designation.

**INSURED.** Either of the persons named on the application on whose lives this policy provides insurance coverage.

**MONTHLY ANNIVERSARY DAY.** The day each month on which We deduct the Monthly Policy Charges. The initial Monthly Anniversary Day is the Policy Date.

**OWNER.** The person or persons who have all rights under this policy. If there are joint Owners, both must consent in writing to the exercise of any right under this policy.

**POLICY DATE.** The issue date of the policy and the date from which policy months, years and anniversaries are measured.

**POLICY SCHEDULE.** The schedule pages of this policy, or the most recent amended Policy Schedule We have sent You.

**SPECIFIED AMOUNT.** The amount of insurance coverage You have selected under the base policy, as shown on the Policy Schedule.

### ***Premiums*** .....

**NET PREMIUM.** The amount of premium paid less the Premium Expense Charge and the State Tax Charge.

**NO-LAPSE GUARANTEE MINIMUM MONTHLY PREMIUM.** The amount of premium due on each Monthly Anniversary Day to assure the policy will not terminate or begin the Grace Period as described in the ***Guarantee of Continued Coverage*** provision. The No-Lapse Guarantee Minimum Monthly Premium as of the Policy Date is shown on the Policy Schedule. If You add rider coverage after the Policy Date, the No-Lapse Guarantee Minimum Monthly Premium for Your policy will increase if the rider has a cost.

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**PLANNED PREMIUM.** The amount and frequency of the premium You have indicated You plan to pay, as shown on the Policy Schedule.

**TARGET PREMIUM.** An amount of premium for a Coverage Layer for a coverage year that We use to determine the Premium Expense Charge rate(s) applicable to each premium payment. The Target Premium for the initial Coverage Layer as of the Policy Date is shown on the Policy Schedule. If You add or remove rider coverage after the Policy Date, the Target Premium for Your policy will increase or decrease if the rider has a Target Premium associated with it. If You request a decrease in Specified Amount after the Policy Date, the Target Premium for Your policy will decrease. We will send You an amended Policy Schedule showing the new Target Premium following any such decrease. The initial Target Premium depends on the age, sex and risk class of each insured person on the Policy Date. The Target Premium for a new Coverage Layer or for rider coverage You add will depend on the age, sex and risk class of each insured person on the effective date of the Coverage Layer or rider.

**Values .....**

**ACCOUNT VALUE.** The Account Value reflects Your financial interest in the policy. The **Account Value** section explains how to calculate the Account Value.

**CASH SURRENDER VALUE.** The Account Value, less any applicable Surrender Charge.

**INDEBTEDNESS.** The amount of any outstanding policy loan(s) plus any accrued and unpaid loan interest.

**NET AMOUNT AT RISK.** The amount of the Death Benefit for which We are at risk. The Net Amount at Risk on any Monthly Anniversary Day is equal to:

- (1) the Death Benefit plus Indebtedness, divided by 1.0024663; minus
- (2) the Account Value after deduction of Monthly Policy Charges, other than the Cost of Insurance Charge, on that Monthly Anniversary Day.

**NET CASH SURRENDER VALUE.** The Cash Surrender Value less any Indebtedness.

**Charges .....**

**COST OF INSURANCE CHARGE.** An amount deducted from the Account Value each Monthly Anniversary Day to pay for the cost of insurance coverage under the base policy. The maximum monthly Cost of Insurance Charge rates for each policy year are shown on the Policy Schedule.

**PER \$1,000 CHARGE.** An amount deducted on each Monthly Anniversary Day to partially cover Our expenses of distributing, issuing and administering the policy. The maximum monthly Per \$1,000 Charge rates for the initial Coverage Layer are shown on the Policy Schedule.

**PER POLICY CHARGE.** An amount deducted each Monthly Anniversary Day to partially cover Our expenses of administering the policy. The maximum monthly Per Policy Charge is shown on the Policy Schedule.

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**PREMIUM EXPENSE CHARGE.** An amount deducted from each premium payment before it is credited to the policy to partially cover the costs of distributing the policy. The maximum Premium Expense Charge rates are shown on the Policy Schedule.

**STATE TAX CHARGE.** An amount equal to the current applicable state premium tax rate that is deducted from each premium payment before it is credited to the policy. The maximum State Tax Charge rate is shown on the Policy Schedule.

**SURRENDER CHARGE.** An amount deducted from the Account Value if this policy is surrendered or terminates when a Grace Period ends without sufficient premium or loan repayment being paid to keep the policy in force. The Surrender Charges that would apply in each policy month are shown on the Policy Schedule.

***This Policy  
is a Contract***

This policy is a contract between You and Us to insure the joint lives of the Insureds. We have issued it in reliance on the statements made in the application and in consideration for the premiums paid to Us.

Whenever We refer to the policy, We mean the entire contract. The entire contract consists of:

- the base policy;
- the attached application;
- any attached supplemental applications; and
- any attached riders, endorsements or amendments.

Riders, endorsements and amendments add provisions or change the terms of the base policy.

***Ownership  
Provisions***

***Owner, Contingent Owner and Joint Owner***

You have all rights in this policy, subject to any assignment and to the rights of any irrevocable Beneficiary You have named to consent to a change of Beneficiary.

If You are not an Insured, You may name a contingent Owner. If You die before the Second Insured, ownership would then pass to the contingent Owner. If there is no contingent Owner, Your estate would become the Owner.

This policy may be owned by two persons as joint Owners. In that case, both joint Owners must consent in writing to the exercise of any rights under the policy. You must also have the consent of any irrevocable Beneficiary to change the Beneficiary. You do not need the consent of a contingent Owner or a revocable Beneficiary to exercise any of Your rights. If a joint Owner dies before the Insured, ownership would pass to the surviving joint Owner(s) under a right of survivorship, unless otherwise indicated in the application or in a change of ownership notice.

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You may change the Owner, or change or revoke any contingent Owner designation, at any time by written notice to Us. The change will take effect on the date You signed the notice, but We will not be liable for any payments We make or actions We take before We receive the notice in form satisfactory to Us at Our Home Office. A change of Owner automatically revokes any contingent Owner designation. A change of Owner, or a change or revocation of a contingent Owner designation, does not automatically change or revoke a prior Beneficiary designation.

## ***Beneficiary Provisions***

### ***Primary Beneficiary and Contingent Beneficiary***

The Beneficiary is the person to whom We pay the Death Proceeds upon the Second Insured's death. Unless You change them later, the primary and contingent Beneficiaries are the persons named in the application. If no primary Beneficiary is still living when the Second Insured dies, We will pay the Death Proceeds to any contingent Beneficiary who is still living. If there is no surviving primary or contingent Beneficiary, We will pay You. If You were an Insured, We will pay Your estate. The interest of any Beneficiary is subject to the rights of any assignee reflected on Our records.

Two or more persons may be named as primary Beneficiaries or contingent Beneficiaries. We will pay equal shares when there is more than one Beneficiary of the same class, unless You specify otherwise on the Beneficiary designation.

No revocable Beneficiary has rights under this policy until the Second Insured dies. An irrevocable Beneficiary cannot be changed without his or her consent.

You may change the Beneficiary at any time before the death of the Second Insured by sending written notice to Us. The change will be effective as of the date You signed the notice, but We will not be liable for any payments We make or other actions We take before the notice is received at Our Home Office.

Unless You have instructed otherwise, if the Beneficiary is the spouse of the Second Insured, and both die and We cannot tell who died first, We will pay the Death Proceeds as if the Beneficiary had survived the Second Insured.

## ***Death Benefit Provisions***

### ***Death Benefit***

We will pay the Death Benefit as described in the ***Payment of Proceeds*** section within two months after We receive proof that both Insureds died while this policy was in force, and any other proof that We may require in order to investigate the claim. The Beneficiary should contact Us at the Home Office or contact one of Our agents for instructions on how to file a claim.

### ***Qualification as Life Insurance***

To qualify as life insurance under applicable tax laws, Your policy must satisfy either the Guideline Premium Test or the Cash Value Accumulation Test. The Test used on the Policy Date is shown on the Policy Schedule. The minimum death benefit factors shown on the Policy Schedule correspond to this Test. The Test cannot be changed after the Policy Date.

### ***Death Benefit Options***

The Death Benefit will be one of the following two Options, as selected by You on the application, or as subsequently changed by You. The amount payable when We receive proof of death of both Insureds will be the Death Benefit valued as of the Second Insured's date of death. Any premiums received by Us after such date will be refunded to You.

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### ***Option 1***

The Death Benefit is the greater of the following, less any Indebtedness: (1) the Specified Amount; or (2) the Account Value times the applicable factor from the minimum death benefit factors table shown on the Policy Schedule.

### ***Option 2***

The Death Benefit is the greater of the following, less any Indebtedness: (1) the Account Value plus the Specified Amount; or (2) the Account Value times the applicable factor from the minimum death benefit factors table shown on the Policy Schedule.

**Your monthly Cost of Insurance Charge will be higher if You choose Death Benefit Option 2 because the Net Amount at Risk for Your policy will be higher. Therefore, the amount of premium You need to pay to keep the policy from terminating may also be higher.**

### ***Specified Amount and Death Benefit Option Changes***

At any time after the first policy year, You may request a decrease in the Specified Amount, or a change in the Death Benefit Option, by sending notice to Us in writing at Our Home Office. Following Our approval of any such change, We will send You an amended Policy Schedule. We will not allow increases in the Specified Amount except when required by a Death Benefit Option change as described in the Changing the Death Benefit Option section of the policy.

### ***Decreasing the Specified Amount***

Any decrease in the Specified Amount that You request will become effective on the first Monthly Anniversary Day after We receive Your request. The minimum decrease is shown on the Policy Schedule. The new Specified Amount must not be less than the minimum issue limit shown on the Policy Schedule at issue. We may limit the amount of the decrease to preserve the tax status of this policy as life insurance.

### ***Changing the Death Benefit Option***

At any time after the first policy year, You may request a change in the Death Benefit Option. If You change the Death Benefit Option, We will increase or decrease the Specified Amount of Your policy such that the Death Benefit will be the same both immediately before and immediately after the change. If You request a change from Option 1 to Option 2, We will decrease the Specified Amount by the amount, if any, needed to keep the Death Benefit the same both before and after the change. If You request a change from Option 2 to Option 1, We will increase the Specified Amount by the amount, if any, needed to keep the Death Benefit the same both before and after the change. You may not make a change in the Death Benefit Option that would reduce the Specified Amount below the minimum issue limit shown on the Policy Schedule.

**If You change from Option 1 to Option 2, the Net Amount at Risk for Your policy will not decrease over the life of the policy as it might have under Option 1, so You may pay higher monthly Cost of Insurance Charges in later policy years. Therefore, the amount of premium You need to pay to keep the policy from terminating may also be higher.**

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**Premium  
Payment  
Provisions**

***Payment of Premiums***

You may make premium payments under this policy during the lifetimes of one or both of the Insureds. The minimum premium You may pay is shown on the Policy Schedule. However, We will accept smaller premium payments if You pay by pre-authorizing Us to make automatic deductions from Your bank account. There is no maximum premium payment amount except We may refuse to accept any premium payment which would:

- (1) cause this policy to fail to qualify as life insurance under federal tax laws, unless such premium is required to keep the policy in force; or
- (2) increase the Net Amount at Risk for Your policy.

In order for this policy to take effect, the first premium paid must equal at least the No-Lapse Guarantee Minimum Monthly Premium as shown on the Policy Schedule at issue. Premiums after the first are payable at Our Home Office.

***Planned Premiums***

Your Planned Premium is shown on the Policy Schedule, but You are not required to make premium payments according to a set schedule. You may skip a Planned Premium payment, and You may change the frequency and the amount of the Planned Premium shown.

**The amount and frequency of Your premium payments will affect Your policy values and the length of time for which You have insurance coverage. If Your Planned Premium is not enough to keep Your policy in force, You may need to change Your Planned Premium or make additional premium payments to keep Your policy from terminating.**

***Discontinuance of Premium Payments; Continuation of Insurance***

If premium payments are not continued, insurance coverage under this policy and any benefits provided by rider will be continued until the policy lapses as described below in the ***Grace Period and Termination of Coverage*** section. No rider will be continued beyond the termination date provided in the rider.

***Grace Period and Termination of Coverage***

Except as described below in the ***Guarantee of Continued Coverage*** section, on any Monthly Anniversary Day when the Net Cash Surrender Value is less than the sum of the Monthly Policy Charges for the current month, We will allow a Grace Period. We will mail You, and anyone shown on Our records as holding this policy as collateral, a notice indicating the minimum premium You must pay in order to keep the policy in force. If a no-lapse guarantee is in effect, the amount of premium needed to keep this policy in force will be the lesser of:

- (1) an amount of premium which will result in a Net Cash Surrender Value sufficient to pay all Monthly Policy Charges due through the end of the Grace Period; or
- (2) the minimum premium needed under the no-lapse guarantee provision to keep the policy in force through the end of the Grace Period.

If there is not a no-lapse guarantee in effect, the amount of the minimum premium needed to keep this policy in force is the amount stated in (1) above.

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You will have 61 days from the date We mail You this notice to pay or mail an amount equal to or more than the minimum needed premium. If You do not pay or mail at least the minimum needed premium within the 61-day Grace Period, all coverage provided by this policy will terminate without value at the end of the 61-day period. We will rely on the postmark to determine the date of mailing. If the Second Insured dies during the Grace Period, the proceeds paid will be reduced by the amount of any unpaid charges, not to exceed three times the sum of the Monthly Policy Charges, or the amount of minimum premium needed under the no-lapse guarantee provision to keep the policy in force through the date of death, if less. We will not terminate this policy until at least 61 days after We mail You and anyone shown on Our records as holding this policy as collateral, notice at the last addresses shown on Our records.

### ***Reinstatement***

If the Grace Period expires and Your policy terminates because You have not paid the needed premium, You may apply to reinstate the policy within five years after the expiration of the Grace Period if the Insured is still living. The policy can be reinstated only if either (a) both Insureds are alive; or (b) one insured is alive and the policy ended upon the death of the other Insured. The reinstatement is subject to evidence of insurability satisfactory to Us. In addition, You must pay an amount of premium which will result in a Net Cash Surrender Value sufficient to pay all accrued and unpaid costs and charges that would have been subtracted from the Account Value if there had been sufficient value on each Monthly Anniversary Day from the date the policy entered the Grace Period to the date of reinstatement, plus an amount sufficient to cover the Monthly Policy Charges for three months beyond the date of reinstatement. You must also repay or reinstate any Indebtedness that existed at the time of the termination. The reinstatement will be effective on the Monthly Anniversary Day on or following the date the application for reinstatement is approved by Us.

Following a reinstatement, Surrender Charges will continue to apply from the Policy Date as if there had been no lapse. We will restore any Surrender Charges deducted from Your policy at the time of lapse.

### ***Guarantee of Continued Coverage***

#### ***No-Lapse Guarantee***

Beginning on the Policy Date and continuing for the lifetimes of the Insureds, We guarantee that this policy will not terminate or begin the Grace Period if, **on the Monthly Anniversary Day a Grace Period would otherwise begin**, (1) is equal to or greater than (2), where:

- (1) is the sum of the premiums paid, less any withdrawals (including withdrawal fees), plus interest accrued daily on the balance at the effective annual rate shown on the Policy Schedule as the Accumulation Rate for No-Lapse Guarantee Minimum Monthly Premium, less the amount of any Indebtedness; and

- 
- (2) is the sum of the No-Lapse Guarantee Minimum Monthly Premium in effect on each Monthly Anniversary Day through and including the Monthly Anniversary Day on which the Grace Period would begin, plus interest accrued daily on each such premium from the Monthly Anniversary Day it is due at the effective annual rate shown on the Policy Schedule as the Accumulation Rate for No-Lapse Guarantee Minimum Monthly Premium.

Following a reinstatement, the above test will continue to apply from the Policy Date as if there had been no lapse. We will restore any Surrender Charges deducted from Your policy at the time of lapse.

## **Policy Values**

### **Account Value**

The Account Value on the Policy Date shall be the Net Premium received for this policy on or before the Policy Date less the Monthly Policy Charges due on the Policy Date. On any other day, the Account Value will be:

- (1) the Account Value on the preceding Monthly Anniversary Day plus interest thereon to the current day; plus
- (2) any Net Premium received since the preceding Monthly Anniversary Day and interest thereon from the date of receipt to the current day; less
- (3) any withdrawal (including any withdrawal fee) paid since the preceding Monthly Anniversary Day and interest thereon from the date of payment to the current day; less
- (4) any Monthly Policy Charges due.

### **Interest Rate**

Your Account Value will earn interest. Interest will be credited to Your Account Value on each day after the Policy Date as described in the **Account Value** section. We guarantee that this interest rate will never be less than the effective annual rate shown on the Policy Schedule as the minimum guaranteed interest rate. We may, but are not required to, credit interest at current rates in excess of the guaranteed rate. Any such current interest rate will be determined by a prospective, and not retrospective assessment by Us of investment conditions. The current interest rate may vary by the size of the Account Value and the length of time the policy has been in force. We can apply a different rate of interest to that portion of the Account Value that is equal to Indebtedness, but it cannot be less than the minimum guaranteed interest rate shown on the Policy Schedule.

### **Cash Surrender Value**

The Cash Surrender Value of this policy is the Account Value, less any applicable Surrender Charge, as described in the **Surrender Charge** section.

### **Net Cash Surrender Value**

The Net Cash Surrender Value of this policy is the Cash Surrender Value less the amount of any Indebtedness.



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## **Loan Provisions**

### ***Withdrawal***

At any time after the first policy year, You may withdraw part of the Account Value of this policy by written notice to Us. The minimum amount of any withdrawal is shown on the Policy Schedule. No withdrawal can be made which would reduce the Net Cash Surrender Value to less than the minimum Net Cash Surrender Value shown on the Policy Schedule. We will charge a withdrawal fee for each withdrawal after the first in a policy year. The amount of the withdrawal fee is shown on the Policy Schedule.

The amount withdrawn (including any applicable withdrawal fee) will be deducted from the Account Value. A deduction from the Account Value will reduce the Death Benefit.

In addition, unless the Death Benefit is Death Benefit Option 2, We will reduce the Specified Amount to the extent necessary such that the difference between the Death Benefit and the Account Value will be no greater immediately after the withdrawal than it was before the withdrawal. You may not make a withdrawal that would reduce the Specified Amount below the minimum issue limit shown on the Policy Schedule.

We may defer the payment of any withdrawal for a period of up to six months from the date of Our receipt of the notice giving rise to such payment. Any delay will be on a nondiscriminatory basis toward You.

### ***Full Surrender***

You may surrender this policy for the Net Cash Surrender Value by written notice to Us. The amount We pay to You will be the Net Cash Surrender Value as of the date We process the written notice. We will pay proceeds as described in the ***Payment of Proceeds*** section.

Upon surrender within 30 days of a policy anniversary, the Cash Surrender Value under the policy will not be less than the Cash Surrender Value on such anniversary.

### ***Right to Borrow and Maximum Loan***

You may request a loan from Us. The maximum cumulative loan amount available under this policy, including any Indebtedness, may not exceed the Cash Surrender Value, less an amount equal to the Monthly Policy Charges for the next two months, and less the amount of loan interest on such maximum cumulative loan to the next policy anniversary. Indebtedness is secured by a first lien on this policy and any amounts payable under this policy. This policy will be the only security We require for the loan.

We may delay granting any loan for up to six months except for a loan to pay premiums on this policy or any other policy We issue. Any delay will be on a nondiscriminatory basis toward You.

### ***Loan Interest***

The maximum loan interest rate We charge is shown on the Policy Schedule. Loan interest is charged in arrears and is due on each Policy Anniversary and on the date the loan is repaid in full. The amount of any loan interest charged on the loan that is not paid when due will be treated as an additional loan.

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### ***Policy Termination***

If the Indebtedness exceeds the Cash Surrender Value on any Monthly Anniversary Day, We will terminate this policy. We will not do this, however, until 61 days after We mail notice to You indicating the minimum amount of loan repayment that must be made in order to keep this policy in force. We will mail the notice to You, and to anyone shown on Our records as holding this policy as collateral, at the last addresses shown on Our records. A termination under this provision will not reduce the Grace Period described in the ***Grace Period and Termination of Coverage*** section.

### ***Repaying Loans***

Loans can be repaid in whole or in part at any time during the lifetimes of one or both Insureds. Any Indebtedness not repaid will reduce the amounts payable upon surrender of the policy or at the death of the Second Insured.

All payments We receive from You will be credited to Your policy as premium unless You give Us written notice that the payment is for loan repayment. Loan repayments will first be applied to pay accrued but unpaid interest on the loan. The balance will reduce the outstanding balance of Your loan.

## ***Policy Costs and Charges***

### ***Premium Charges***

We deduct certain charges from premium payments when We receive them to partially cover Our expenses of distributing the policy. These charges are 1) the Premium Expense Charge; and 2) the State Tax Charge.

### ***Premium Expense Charge***

We deduct a Premium Expense Charge from each premium payment received. This charge is deducted before the premium payment is credited to the policy.

The maximum Premium Expense Charge rates are shown on the Policy Schedule. At Our option, We may charge less than the maximum rates shown.

The maximum Premium Expense Charge rates differ based on the following:

- The length of time a Coverage Layer has been in effect.
- The amount of the Target Premium for a Coverage Layer.

To determine the amount of the Premium Expense Charge deducted from each premium payment, We do the following:

- (1) We allocate the premium payment to each Coverage Layer in the same proportion as the Target Premium for a Coverage Layer bears to the total Target Premiums for all Coverage Layers.
- (2) We determine the coverage year for each Coverage Layer.
- (3) For each Coverage Layer, We determine the portions of the premium payment allocated to the Coverage Layer in its current coverage year that are below and above the Target Premium for that Coverage Layer.
- (4) We multiply each portion of the premium payment allocated to the Coverage Layer by the applicable Premium Expense Charge rate.
- (5) We add together the Premium Expense Charges for all of the Coverage Layers.

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### ***State Tax Charge***

To cover state premium taxes associated with distribution of this policy, We will deduct a State Tax Charge from each premium received. This charge is deducted before the premium payment is credited to the policy. To determine the amount of the charge, We multiply the amount of the premium payment by the applicable State Tax Charge rate. The State Tax Charge rate We charge will vary by state to reflect the rate of premium tax charged by each state. We guarantee that the rate will never exceed the maximum State Tax Charge rate shown on the Policy Schedule.

### ***Monthly Policy Charges***

We deduct certain charges from Your Account Value on each Monthly Anniversary Day as shown on the Policy Schedule to partially cover Our expenses of distributing, issuing and administering the policy, and to cover the cost of providing the base policy life insurance and rider benefits to You. These charges are 1) the Cost of Insurance Charge; 2) the Per Policy Charge; 3) the Per \$1,000 Charge; and 4) monthly charges for any riders.

### ***Cost of Insurance Charge***

We will deduct a Cost of Insurance Charge from Your Account Value on each Monthly Anniversary Day as shown on the Policy Schedule. The maximum monthly Cost of Insurance Charge rates for each policy year are shown on the Policy Schedule. At Our option, We may charge less than the maximum rates shown.

To determine the amount of the charge on any Monthly Anniversary Day, We divide the Net Amount at Risk for Your policy as of that Monthly Anniversary Day by 1000 and multiply by the monthly Cost of Insurance Charge rate for the applicable policy year.

The current monthly Cost of Insurance Charge rates for Your policy depend on the age, sex and risk class of each Insured on each policy anniversary. Any change in the current monthly Cost of Insurance Charge rates will be on a non-discriminatory basis toward any Insureds and will apply equally to all Insureds of the same ages, sexes and risk classes whose coverage has been in effect for the same length of time.

### ***Per Policy Charge***

We will deduct a Per Policy Charge from Your Account Value on each Monthly Anniversary Day as shown on the Policy Schedule. The maximum monthly Per Policy Charge is shown on the Policy Schedule. At Our option, We may charge less than the maximum amount shown.

### ***Per \$1,000 Charge***

We will deduct a Per \$1,000 Charge from Your Account Value on each Monthly Anniversary Day as shown on the Policy Schedule. The maximum monthly Per \$1,000 Charge rates for the initial Coverage Layer are shown on the Policy Schedule. At Our option, We may charge less than the maximum rates shown.

To determine the amount of the charge on any Monthly Anniversary Day, We divide the Specified Amount for each Coverage Layer by 1000 and multiply by the monthly Per \$1,000 Charge rate applicable to that Coverage Layer. We then add together the charges for each Coverage Layer.

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If the Specified Amount for an existing Coverage Layer is increased due to a Death Benefit Option change, or if the Specified Amount is decreased for any reason, the monthly Per \$1,000 Charge will continue to be calculated as if the increase or decrease had not occurred.

The maximum monthly Per \$1,000 Charge rate for a Coverage Layer depends on the age, sex and risk class of each Insured on the Policy Date or effective date of a Coverage Layer.

### ***Rider Charges***

Charges for any riders You add to Your policy are described in the applicable rider. Maximum rider cost of insurance charges will be shown in the Policy Schedule.

### ***Surrender Charge***

For a certain period following the Policy Date We will deduct a Surrender Charge from Your Account Value if either of the following occurs:

- (1) You surrender Your policy; or
- (2) a Grace Period ends without sufficient premium or loan repayment being paid to Us to keep the policy in force.

The amount of the Surrender Charge that would apply in each policy month of Your policy is shown on the Policy Schedule at issue.

The Surrender Charge amounts depend on the age, sex and risk class of each Insured on the Policy Date.

## ***Payment of Proceeds***

### ***Policy Proceeds***

The proceeds of this policy may be either Death Proceeds, payable to the Beneficiary upon the death of the Second Insured, or Net Cash Surrender Value proceeds, payable to You if this policy is canceled for its Net Cash Surrender Value during the lifetime of one or both Insureds.

### ***How We Pay***

Proceeds may be paid in a lump sum or under one or more Income Plans. The Income Plans are described in ***The Income Plans*** section.

Net Cash Surrender Value proceeds will be due on the date We receive Your written request at Our Home Office. We may defer the payment of Net Cash Surrender Value proceeds for a period of up to six months from the date of Our receipt of the notice giving rise to such payment. Any delay will be on a nondiscriminatory basis toward You.

Death Proceeds will be due on the date of the Second Insured's death. We will make payment within two months following receipt of due proof of death and any other proof that We require in order to investigate the claim.

We will pay interest on the Death Benefit if we fail to make payment within a reasonable period of time, not to exceed 30 days, after we receive proof of death. The rate will be at an annual rate of 8%, payable from the date of death to the date of payment. If payment is to be made under an income plan, "date of payment" will be the effective date of the plan.

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## ***Choosing an Income Plan***

You may choose an Income Plan shown on the Policy Schedule for Net Cash Surrender Value proceeds or for Death Proceeds during the lifetime of either Insured. If You choose an Income Plan, a Beneficiary may not change it. If You do not choose an Income Plan before the Second Insured dies, the Beneficiary can choose one. If the Beneficiary does not choose an Income Plan within 60 days after the date proceeds are due, We will pay the proceeds in a lump sum. For each plan We may issue a separate written agreement putting the plan into effect. The minimum amount that may be applied under an Income Plan is shown on the Policy Schedule. Each payment must be at least the minimum payment amount shown on the Policy Schedule. We may make less frequent payments if payments to be made would be less than the minimum payment amount.

The Beneficiary may be the payee for payments under the selected Income Plan, or may name a different payee to receive the payments under Income Plans. The Beneficiary may also name a contingent payee to receive any amount still due when the payee dies. If a payee dies and there is not a contingent payee, any amount due and unpaid will be paid to the estate of the payee who died. A payee or contingent payee may not be a fiduciary or non-natural person without Our consent.

### ***The Income Plans***

In addition to the Income Plan(s) shown on the Policy Schedule, other Income Plans may be available. The Income Plans are described in terms of monthly payments. You may request quarterly, semi-annual or annual payments instead of monthly payments. We will quote the amount of the other payments upon request.

We guarantee interest under the Income Plans at the minimum effective annual income plan interest rate shown on the Policy Schedule. We may increase the interest rate above the minimum. Payments will be based on the interest rate in effect on the date of the first payment. Life contingent payments will be based on the income plan mortality table shown on the Policy Schedule.

### ***Commutation of Income Plans***

No payment and no amount held under an Income Plan may be transferred or withdrawn before its due date. However, the right to transfer or withdraw may be made a part of any plan, if We agree.

## ***General Provisions***

### ***Annual Report***

At least once a year We will send You an annual report without charge showing the current Account Value, Surrender Charge, Cash Surrender Value, Indebtedness, Net Cash Surrender Value, amount of interest credited to the Account Value, premiums paid, loan activity, withdrawals, Premium Charges, Monthly Policy Charges, and any other fees deducted since the date of the last report. Any other information required by applicable law will also be included in the annual report.

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### ***Projection of Benefits and Values***

You may request other information about this policy, including a projected illustration of policy benefits and values, based upon assumptions as are necessary and specified by Us and/or You. We may charge a fee not to exceed the maximum illustration fee shown on the Policy Schedule to provide this information. We may limit the number of illustrations We will provide in a policy year.

### ***Reliance***

We have issued this policy in reliance on the answers You have provided to Us in the application and in any supplemental applications. In the absence of fraud, these answers are considered representations, and not warranties. We have assumed that all these answers are true and complete. If they are not, We may contest the validity of this policy as explained in the ***Limits on Our Contesting This Policy*** section. If that occurred, We would send back all the premiums You had paid, or the monthly costs of insurance charges for any rider We contest.

### ***Tobacco Use Reclassification***

You may apply for reclassification of an Insured from tobacco user to non-tobacco user by completing a form provided by Us. If You apply for a reclassification, the application will become part of the application for the policy. If the Insured meets Our criteria for non-tobacco user reduced Cost of Insurance Charge rates based upon the application, We will send an amended Policy Schedule showing the new classification and the new maximum Cost of Insurance Charge rates. The reduced rates will be effective on the Monthly Anniversary Day following Our receipt of the application. We will not contest the amount of insurance attributable to the reduction in Cost of Insurance Charge rates after the reduced rates have been in effect during the Insured's lifetime for two years from the date of the reduction.

Reclassification will be based upon Our general underwriting rules in effect at the time of the application, which may include criteria other than smoking and/or tobacco use status and may include a definition of smoker and/or tobacco use different from that at issue. No information provided in the application will be used to assign the Insured to a less favorable classification.

### ***Limits on Our Contesting This Policy***

No statement will be used in contesting this policy unless it is in an application or supplemental application and a copy of such application is attached to this policy. No statement will be used in contesting a rider unless it is in an application or supplemental application for such rider and a copy of such application is attached to this policy. This provision shall not apply to any agreement providing benefits in event of disability or in event of death from accidental means.

We will not contest this policy after it has been in effect during both Insureds' lifetimes for two years from the Policy Date. Unless otherwise provided in the rider, We will not contest any rider attached to this policy after the rider has been in effect during the Insured's lifetime for two years from the effective date of the rider.

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We will not contest this policy with respect to statements made in an application for reinstatement after the policy has been in effect during both Insureds' lifetimes for two years from the effective date of the reinstatement, or if only one Insured was alive at the time of the lapse, after the policy has been in effect during that Insured's lifetime for two years from the effective date of the reinstatement. Any premium refund will be limited to those paid on or after the effective date of the reinstatement.

Our right to contest beyond these two-year periods is limited to the Insured(s) who died during such period. The policy or rider is incontestable with respect to the Insured(s) who survived the two-year period.

You agree to notify Us of the death of the first Insured to die as soon as reasonably possible. Upon the death of an Insured, You also agree to provide Us with an authorization for the release of medical records and any other documents requested to verify the eligibility for benefits. If You do not notify Us of the first death which occurred in the first two policy years, and any other two-year period mentioned above, this policy or the appropriate part of it will remain contestable even if You continue to pay premiums and We continue to accept them.

### ***Policy Exchange Option***

We will exchange this policy for two individual policies, one on the life of each of the Insureds, subject to the conditions stated below.

This option may be exercised on or within 6 months after the date one of the following exchange option events occurs:

- (1) A final divorce decree on the Insureds' marriage has been in effect for 6 months and the Insureds have been living separately and independently for a continuous 6-month period. In no event can this option be exercised more than 12 months following the final divorce decree.
- (2) The Federal Tax Law is changed resulting in:
  - (a) the repeal of the unlimited marital deduction provision; ora reduction by at least 50% of the maximum federal estate tax bracket.

In addition, the following conditions for exchange listed below must be met:

- This policy must be in force.
- We must receive the first premium for each new policy.
- The Owner and the Insured must sign the application for each new policy.
- Any administrative requirements deemed necessary by Us must be met.
- If an Insured was not in a preferred or standard risk class on the Policy Date, We must receive evidence of insurability satisfactory to Us.
- Written request satisfactory to Us must be received at Our Home Office on or within 6 months after the date an exchange option event occurs. Written request must be submitted by the Owner of this policy.
- Evidence of the exchange option event satisfactory to Us must be received at Our Home Office on or within 6 months after the date an exchange option event occurs.
- This policy must be surrendered to Us before the exchange date.
- The exchange date is the Monthly Anniversary Day following the date this option is exercised.

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- This policy, including any attached riders, will terminate on the day before the exchange date. This is the termination date.
  - Both of the Insureds under this policy must be living on the exchange date.
  - Any assignee must agree in writing to the exchange.

This policy must have enough value to remain in force until the exchange date.

We will issue two new policies as follows:

- The face amount of each new policy will be: (1) one-half of this policy's Specified Amount on the exchange date; plus (2) one-half of the death benefit of any second-to-die rider (which covers both Insureds) attached to this policy; plus (3) the face amount of any single life rider for the same Insured.
- The premium deposited to each new policy will be one-half of this policy's Account Value as of the termination date.
- The policy date of each new policy will be the exchange date.
- Each new policy will be subject to one-half the amount of any Indebtedness on this policy.
- Each new policy will be subject to any existing assignment of this policy.
- Additional benefit riders will be available with each new policy only with Our consent; evidence of insurability at the Insured's age will be required.
- The risk class for each new policy will be subject to the risk classes available for the new policy and the Insured's risk class when this policy was underwritten. If an Insured was not in a preferred or standard class then, the new policy will be based on the current risk class of the Insured. If such an Insured is now uninsurable, We will not issue a new policy for that Insured but We will treat one-half of this policy as if it had been surrendered and pay one-half of its Net Cash Surrender Value to the Owner of this policy.
- Current and maximum cost of insurance charges on each new policy will be based on the age, sex and risk class of the Insured.

This policy exchange option terminates:

- If one of the Insureds under this policy dies.
- If this policy terminates.
- If this policy is exchanged.

### ***Suicide***

We will pay only a limited benefit if either of the Insureds commits suicide while sane or insane, within two years from the Policy Date. If the policy is in effect, We will return the premiums You paid, less: (1) the amount of any Indebtedness; (2) any withdrawal amount (including withdrawal fees); and (3) all monthly costs of insurance on all persons other than the Insureds ever covered by rider. If the amount of the Net Cash Surrender Value is larger, We will pay it instead.

If the first Insured to die committed suicide, You may choose between taking such limited benefit in cash or receiving a single life policy on the life of the surviving Insured with the limited benefit used as a premium. The face amount of this new policy will be the Specified Amount of this policy and the amount of insurance provided by rider on the life of the surviving Insured (excluding any first-to-die rider) when this policy was issued. The new policy will be a flexible premium universal life policy, will have the same policy date as this policy and will be based on the underwriting classification of the surviving Insured when this policy was issued. The incontestability and suicide provisions of the new policy



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will run from its policy date. However, it may be necessary to pay an additional premium at the time of this change because the premium for a single life policy is higher than the premium for a joint life policy with the same amount of death benefit.

If the surviving Insured also commits suicide, while sane or insane, before the second policy anniversary and before We have paid the limited benefit described above, We will pay the limited benefit in cash to the beneficiary

If the surviving Insured dies (but not by suicide) within 30 days of the suicide of the First Insured and before You choose between taking the limited benefit in cash or receiving the new policy, We will assume that You chose the new policy and deduct any necessary additional premium from the death proceeds under the new policy. If such second death is more than 30 days after the suicide and We have not received Your request for the new policy, We will pay the limited benefit in cash to You.

A similar limited benefit will be payable in cash to the beneficiary if the death of the first Insured to die is not by suicide and the surviving Insured commits suicide, while sane or insane, before the second policy anniversary. It will be based on the second date of death

This provision also applies to any rider attached to this policy. The two-year period will be measured from the rider's date of issue.

### ***Error in Age or Sex***

If either Insured's age or sex as stated in the application is wrong, it could mean the Monthly Policy Charges are wrong and that policy values have to be recalculated. The same is true for the age or sex of any other person insured by a rider to this policy. If the error is discovered while at least one Insured is still living, We will adjust the Account Value to the amount it would have been if the monthly Cost of Insurance Charges for the correct age and sex of each Insured had been applied from the Policy Date. If the error is discovered after the deaths of both Insureds, We will adjust the amount of the Death Proceeds payable to the amount that the monthly Cost of Insurance for the month of death would have purchased at the correct age and sex of each Insured.

### ***Claims of Creditors***

The proceeds of this policy will be paid free from the claims of creditors to the extent allowed by law.

### ***Assignment***

You may assign this policy, subject to the rights of any irrevocable Beneficiary, by giving Us written notice of the assignment. An assignment does not change the ownership of the policy. But, Your rights and any Beneficiary's rights will be subject to the terms of the assignment. We will not be responsible for the validity of an assignment. We will not be liable for any payments We make or actions We take before We receive written notice, satisfactory to Us, at Our Home Office of an assignment or, as applicable, a release of assignment.

### ***Required Note on Our Computations***

Calculations are based on the Mortality Tables and minimum guaranteed interest rate(s) shown on the Policy Schedule. We have filed a detailed statement of Our computations with the applicable State Insurance Department. The values under this policy are not less than those required by the law of the state where the policy is delivered. Any benefit provided by an attached rider will not increase

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these values unless stated in the rider.

***Authority to Make Agreements***

All agreements made by Us must be in writing and signed by Our president, a vice president, Our secretary or an assistant secretary. No other person, including an insurance agent, can change any of this policy's terms, extend the time for paying premiums, or make any other agreement which would be binding on Us.

***Conformity with Laws***

We reserve the right to make any changes necessary to comply with any federal or state statute, rule or regulation. We do not need Your consent to make such changes.

***When In Force***

The policy will take effect on the date You have received it, satisfied all delivery requirements, and paid the minimum initial premium as described in the ***Payment of Premiums*** section while both Insureds are alive and in the same health as indicated in the application. It will take effect anew on any reinstatement date. The policy will be "in force" from the time it takes effect until it ends as described in the ***Termination*** section.

***Termination***

This policy will terminate and all insurance coverage under the policy will stop: (1) as of the date We receive notice from You requesting surrender of the policy; (2) as of the date the Second Insured dies (although some riders may provide benefits for other covered persons beyond the Second Insured's death); (3) as of the date the Grace Period expires without payment of the needed premium; or (4) as of the date 61 days after We mail You notice that the amount of the Indebtedness exceeds the Cash Surrender Value less the Monthly Policy Charges without payment of the needed loan repayment; or (5) the day before the exchange date under the ***Policy Exchange Option*** section.

***Notices***

Whenever written notice is required, send it to Our Home Office. The address of Our Home Office is shown on the front of this policy. Please include the policy number in Your correspondence.

***Nonparticipating***

This policy and any riders attached to it are issued at a nonparticipating rate and shall not share in Our surplus earnings.

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**Columbus Life Insurance Company**

Flexible Premium Survivorship Universal Life Insurance Policy  
Issued on Insureds in Risk Classes Shown on Policy Schedule  
Death Benefit Payable at Death of Second Insured  
No-Lapse Guarantee with Minimum Monthly Premium  
Nonparticipating

<i>SERFF Tracking Number:</i>	<i>WSST-125501788</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Columbus Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38273</i>
<i>Company Tracking Number:</i>	<i>CL 90 0806</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.002 Joint (Last Survivor)</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>CLIC/Legacy G/NDL</i>		
<i>Project Name/Number:</i>	<i>CLIC/Legacy G/NDL/CL 90 0806</i>		

## Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>WSST-125501788</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Columbus Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38273</i>
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	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>CLIC/Legacy G/NDL</i>		
<i>Project Name/Number:</i>	<i>CLIC/Legacy G/NDL/CL 90 0806</i>		

## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification/Notice 02/21/2008

#### Comments:

#### Attachments:

AR1ReadingEaseCert.pdf

AR2ConsentPremRatesCostBasis.pdf

AR-4.pdf

AR-5.pdf

### Review Status:

**Satisfied -Name:** Application 02/21/2008

#### Comments:

Application CL 45.300 (10/05) was approved 08/07/2006 under state filing number 33324.

#### Attachment:

Standard CL 45-300 John Doe (10-05) rev 0707.pdf

### Review Status:

**Bypassed -Name:** Health - Actuarial Justification 02/21/2008

**Bypass Reason:** Not applicable.

#### Comments:

### Review Status:

**Bypassed -Name:** Outline of Coverage 02/21/2008

**Bypass Reason:** Not applicable.

#### Comments:

### Review Status:

**Satisfied -Name:** Statement of Variability 02/26/2008

#### Comments:

#### Attachments:

STATEMENT OF VARIABILITY CL 90.pdf

<i>SERFF Tracking Number:</i>	<i>WSST-125501788</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Columbus Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38273</i>
<i>Company Tracking Number:</i>	<i>CL 90 0806</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.002 Joint (Last Survivor)</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>CLIC/Legacy G/NDL</i>		
<i>Project Name/Number:</i>	<i>CLIC/Legacy G/NDL/CL 90 0806</i>		

**STATEMENT OF VARIABILITY CL 90 Riders.pdf**

<i>SERFF Tracking Number:</i>	<i>WSST-125501788</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Columbus Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38273</i>
<i>Company Tracking Number:</i>	<i>CL 90 0806</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.002 Joint (Last Survivor)</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>CLIC/Legacy G/NDL</i>		
<i>Project Name/Number:</i>	<i>CLIC/Legacy G/NDL/CL 90 0806</i>		

**Review Status:**

**Satisfied -Name:** Schedule Pages

02/26/2008

**Comments:**

**Attachment:**

Rider Policy Schedule CL 90 0806 AR.pdf



**STATE OF ARKANSAS**  
**READING EASE CERTIFICATION**

RE: CL 90 0806 AR - Flexible Premium Survivorship Universal Life Policy

This is to certify that the attached policy form(s) has (have) achieved a Flesch Reading Ease Score as follows:

Form Number	Readability Score
CL 90 0806 AR	50

and comply(ies) with the requirements of Ark. Stat. Ann. sections 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

**Columbus Life Insurance Company**



Nikki Lape  
Product and State Filing Analyst

Date: 2/26/2008

AR-1

**STATE OF ARKANSAS**

**CONSENT TO SUBMIT RATES  
AND/OR COST BASES FOR APPROVAL**

Columbus Life Insurance Company ("Company") of Cincinnati, Ohio does hereby consent and agree:

- (A) that all premium rates and/or cost bases both "maximum" and "current or projected", used in relation to policy form number CL 90 0806 AR must be filed with the Insurance Commission for the State of Arkansas ("Commissioner") at least sixty (60) days prior to their proposed effective date. Such rates and/or cost bases shall be deemed effective sixty (60) days after they are filed with the Commissioner, unless the Commissioner shall approve or disapprove such rates and/or cost bases prior to the expiration of sixty (60) days.

or

- (B) that where the policy is a flexible or indeterminate premium whole life policy which provides for frequent changes in interest rates based on financial market conditions, the company may file a range of rates it will stay within and will notify the Department at least sixty (60) days prior to any change in the range of rates. The company must also document the method used to calculate its premium and range of rates.

Columbus Life Insurance Company  
(Company Name)

BY Nikki Lape  
(Name)


Jr. Product and State Filing Analyst  
(Title or Position)

**Certificate of Compliance with  
Arkansas Rule and Regulation 19**

Insurer: The Western and Southern Life Insurance Company

Form Number(s): CL 90 0806 AR

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



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Signature of Company Officer

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Denise Sparks

Name

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Vice President

Title

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02/25/2008

Date

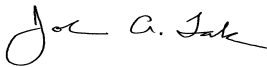
**Certificate of Compliance with  
Arkansas Rule and Regulation 34**

Insurer: Columbus Life Insurance Company

Form Number(s):

CL 90 0806 AR - Flexible Premium Universal Life Insurance Policy

I hereby certify that the filing above meets all applicable Arkansas requirements in regards to Rule and Regulation 34.



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Signature of Company Officer

John A. Tak, FSA, MAAA

Name

Assistant VP & Director Life Products

Title

02/25/2008

Date



400 EAST FOURTH STREET • CINCINNATI, OHIO 45202-3302 • 1-800-677-9696 • WWW.COLUMBUSLIFE.COM

☐ New Business

☐ Reinstatement of Policy # \_\_\_\_\_

**APPLICATION FOR LIFE INSURANCE – PART 1**

For reinstatement, complete Sections A, B, J, K, L

<b>A. Proposed Insured 1</b>						
Name of Proposed Insured (First, Middle, Last)	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy)	Age	Place of Birth (State, Country)	Social Security Number or Tax ID
	Driver's License Number & State					
Home Address (Street, City, State, Zip Code)						Years at this Address
Employer		Business Address (Street, City, State, Zip Code)			Length of Employment at this business _____	
Occupation and Duties				Home Telephone	Business Telephone	Marital Status
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", Date of Entry _____ Visa Type _____ Length of time residing in the U.S. _____						
If the Driver's License Number is not recorded above, please list an identification Number such as a Passport Number or other official document number: _____						
<b>B. Proposed Insured 2 for Survivorship Coverage or Other Insured for Other Insured Rider.</b>						
Name of Proposed Insured (First, Middle, Last)	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy)	Age	Place of Birth (State, Country)	Social Security Number or Tax ID
	Driver's License Number & State					
Home Address (Street, City, State, Zip Code)						Years at this Address
Employer		Business Address (Street, City, State, Zip Code)			Length of Employment at this business _____	
Occupation and Duties				Home Telephone	Business Telephone	Marital Status
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", Date of Entry _____ Visa Type _____ Length of time residing in the U.S. _____						
If the Driver's License Number is not recorded above, please list an identification Number such as a Passport Number or other official document number: _____						
<b>C. Coverage Applied For:</b>						
Plan of Insurance _____ (Plan Name)		Term Select Period:		\$ _____		
If UL or VUL Death Benefit Option:  <input type="checkbox"/> #1 <input type="checkbox"/> #2		<input type="checkbox"/> 10 Year		Base Amount		
		<input type="checkbox"/> 20 Year		\$ _____		
If UL Life Insurance Qualification Test:  <input type="checkbox"/> Guideline Premium <input type="checkbox"/> Cash Value Accumulation (n/a with Legacy)		<input type="checkbox"/> 30 Year		Additional Life Rider (SCR) Amount (If applicable)		
		<input type="checkbox"/> _____ Year		\$ _____		
				Total Base Plus SCR Amount		
If VUL, complete Supplement to Application (CL 45.265).						

**Please complete the following for Indexed UL only:**

Initial Premium Allocation – Please indicate the desired percentage of premium allocated between the Fixed and Indexed accounts.

Percentages must be in whole numbers and total 100%:

S&P 500 Capped Index Option \_\_\_\_\_ %

S&P 500 Uncapped Index Option \_\_\_\_\_ %

Fixed Account \_\_\_\_\_ %

Total \_\_\_\_\_ %

Please read and check:

- ☐ I understand, and acknowledge by my signature on this application, that I am applying for an Indexed product, and that while the values of the Policy may be affected by an external Index, the Policy does not directly participate in any stock, bond or equity investments.

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**D. Premium Amount and Mode of Premium Payment**

**NOTE:** 2 months of premium required for PAT or EFT mode. Modal Premium Amount \$ \_\_\_\_\_ Mode \_\_\_\_\_

**Total Amount Paid at time of Application. If none, indicate “zero” or leave blank.** \$ \_\_\_\_\_

**E. Payor Name and Address:** (If not the same as residence address above.) - (Please print)

\_\_\_\_\_  
First Name M.I. Last Name  
\_\_\_\_\_  
Street Address or P.O. Box Number  
\_\_\_\_\_  
City State Zip Code

**F. Supplemental Benefits and Riders**

- ☐ Disability Credit Rider—(If UL or VUL, show Monthly Credit Amt.) \$ \_\_\_\_\_ ☐ No-Lapse Guarantee - ☐ Intermediate ☐ Lifetime  
☐ Insured Insurability Rider (Amt.) \$ \_\_\_\_\_ ☐ (Pinnacle II) Automatically transfer from sub-accounts to keep NLG current  
☐ Accidental Death Benefit \$ \_\_\_\_\_ ☐ Capital Transfer Rider (Enhanced No-Lapse Guarantee)  
☐ Extended Maturity Plus – ☐ Pay at Issue, or ☐ Pay at Age 80 ☐ Accidental Death and Specific Loss Benefit (Nautical Term)  
☐ Other Insured Rider (Amt.) \$ \_\_\_\_\_ ☐ Return of Premium Rider (Nautical Term)  
☐ Change of Insured Rider ☐ Waiver of Premium (Nautical Term)  
☐ Enhanced Cash Value Rider ☐ Other \_\_\_\_\_  
☐ Children’s Term Rider \_\_\_\_\_

**G. Children** (for Children’s Rider)**Number of Units** \_\_\_\_\_

Name	Date of Birth (mm/dd/yyyy)	SSN	Sex	Age	Place of Birth (State, Country)	Amount of Life Insurance In Force

**INSURANCE ON CHILD AS PRIMARY PROPOSED INSURED**Answer if Proposed Insured is at least 15 days old and under 18 years (under age 20 for Term). (Explain any **"No"** in Remarks)

	Yes	No
1. Is Applicant a parent or legal guardian (attach proof of guardianship) of Proposed Insured? .....	<input type="checkbox"/>	<input type="checkbox"/>
2. Is Applicant employed and providing Proposed Insured's main support? .....	<input type="checkbox"/>	<input type="checkbox"/>
3. Is all life insurance in force on Applicant at least equal to 2 times that on Proposed Insured? .....	<input type="checkbox"/>	<input type="checkbox"/>
4. Are all other children in family insured or to be insured for an amount at least equal to that on Proposed Insured? .....	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

**H. Owner of Policy**Owner ☐ Proposed Insured 1 ☐ Proposed Insured 2 ☐ Trust ☐ Other than a Proposed Insured or Trust**Complete if Owner is other than a Proposed Insured or Trust**

Name \_\_\_\_\_ Social Security or Tax ID # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Relationship to Primary Proposed Insured \_\_\_\_\_

**Complete for** ☐ **Contingent Owner** **or** ☐ **Joint Owner**

Name \_\_\_\_\_ Social Security or Tax ID # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Relationship to Primary Proposed Insured \_\_\_\_\_

**Complete if Owner is a Trust; attach declarations and signature pages of Trust**

Exact Name of Trust \_\_\_\_\_ Trust Tax ID # \_\_\_\_\_

Current Trustee(s) \_\_\_\_\_ Date of Trust \_\_\_\_\_

Does the above trustee have sole authority to act on behalf of the Trust? Yes ☐ No ☐

(If **"No"**, list the names & addresses of all trustees below, and obtain signatures from all trustees on the application.)

**I. Beneficiaries****PRIMARY**

Name _____	Relationship _____	% Share _____	Tax ID or SSN _____
Name _____	Relationship _____	% Share _____	Tax ID or SSN _____
Name _____	Relationship _____	% Share _____	Tax ID or SSN _____

**CONTINGENT**

Name _____	Relationship _____	% Share _____	Tax ID or SSN _____
Name _____	Relationship _____	% Share _____	Tax ID or SSN _____
Name _____	Relationship _____	% Share _____	Tax ID or SSN _____

J. Life Insurance In Force, Pending or Replacement	Proposed Insured 1	Proposed Insured 2	Other Insured					
1. Has any Proposed Insured/Other Insured ever applied for life, health or disability insurance; or a reinstatement for life, health or disability insurance and been declined, postponed or charged an increased premium?	a) <input type="checkbox"/> Yes <input type="checkbox"/> No	b) <input type="checkbox"/> Yes <input type="checkbox"/> No	c) <input type="checkbox"/> Yes <input type="checkbox"/> No					
2. Does any Proposed Insured/Other Insured have any applications, or preliminary or informal quote requests currently pending with any other life, viatical, settlement, or secondary market provider or company?	a) <input type="checkbox"/> Yes <input type="checkbox"/> No	b) <input type="checkbox"/> Yes <input type="checkbox"/> No	c) <input type="checkbox"/> Yes <input type="checkbox"/> No					
If answered "Yes", please give details here for each Proposed Insured, including current owner, beneficiary, carrier name & purpose of each policy:								
Proposed Insured 1: _____								
Proposed Insured 2: _____								
Other Insured: _____								
<div style="text-align: right; font-weight: bold;">Yes    No</div> 3. a) Does the <b>Applicant</b> now have life insurance policies or annuity contracts with any company (excluding group coverage)? ..... <input type="checkbox"/> <input type="checkbox"/> b) Is any Proposed Insured considering stopping premium payments, surrendering, replacing, forfeiting, assigning to the insurer or reducing benefits under an existing policy or contract? ..... <input type="checkbox"/> <input type="checkbox"/> c) Is any Proposed Insured considering using or borrowing funds from existing policies or contracts to pay premiums due on the new or applied for policy? ..... <input type="checkbox"/> <input type="checkbox"/>								
If answered "Yes" to any part of question 3, please consult the replacement requirements noted on the Important Information letter for your state and complete any required replacement form.								
List all insurance in force on any Proposed or Other Insured. <b>If none, check here.</b> <input type="checkbox"/> <b>Note below if it is a replacement.</b>								
Proposed Insured's Name	Company	Check if		B – Bus. P – Pers.	Face Amount	Policy Number	Issue Year	Purpose
		Replc	1035 Exch					
					\$			
					\$			
					\$			
					\$			
<b>Complete each question for the Proposed Owner and the Proposed Insured(s) (if other than Owner):</b>					<b>Proposed Owner</b>	<b>Proposed Insured 1, if other than Owner</b>	<b>Proposed Insured 2, if other than Owner</b>	
4) Have you been involved in any discussion about the possible sale or assignment of this policy to a life settlement, viatical or other secondary market provider?					a) <input type="checkbox"/> Yes <input type="checkbox"/> No	b) <input type="checkbox"/> Yes <input type="checkbox"/> No	c) <input type="checkbox"/> Yes <input type="checkbox"/> No	
5) Have you ever sold a policy to a life settlement, viatical or other secondary market provider?					a) <input type="checkbox"/> Yes <input type="checkbox"/> No	b) <input type="checkbox"/> Yes <input type="checkbox"/> No	c) <input type="checkbox"/> Yes <input type="checkbox"/> No	
6) Will any portion of the premiums for this policy be financed? <input type="checkbox"/> Yes <input type="checkbox"/> No								
7) Will any insured or policy owner receive any payment in connection with insurance issued on the basis of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No								
If answered "Yes" to any part of questions 4, 5, 6, or 7, please give details for each "Yes" answer. Additional space provided on page 6.								
Proposed Insured 1: Annual Income: \$					Current Net Worth: \$			
Proposed Insured 2: Annual Income: \$					Current Net Worth: \$			



<b>K. Background on Proposed Insured, Other Insureds, and Children listed in A, B, and G.</b>			
For <b>Yes</b> answers to questions 2 through 13, complete Details Section below.	<b>Proposed Insured 1</b>	<b>Proposed Insured 2</b>	<b>Children or Other Insureds</b>
1) What is your height and weight? If a weight change in the past 12 months, indicate pounds lost or gained.	Ht _____ Wt _____ Loss _____ Gain _____	Ht _____ Wt _____ Loss _____ Gain _____	Ht _____ Wt _____ Loss _____ Gain _____
2) In the past 5 years have you been convicted of two or more moving violations, driving under the influence of alcohol or other drugs, or had your driver's license suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Ever consulted a physician or medical practitioner for, or been treated for: diabetes, cancer, tumors, high blood pressure, high cholesterol, heart disease or heart disorder, circulatory system disorder, disorder of the brain, mental or nervous disorder, skin disease, arthritis, connective tissue disease, asthma, chronic obstructive pulmonary disease, sleep apnea, disorder of the blood, bladder, intestines, kidneys, liver, lungs, pancreas, stomach or reproductive organs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) Ever been diagnosed as having or been treated for AIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS-Related Complex) or any other immune deficiency disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5) Ever used sedatives, stimulants, hallucinogenic or narcotic drugs other than those prescribed by a physician or medical practitioner, or been treated for drug or alcohol use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6) In the past year ever used tobacco or any other product containing nicotine? If <b>No</b> , select the answer that best describes the person's tobacco/nicotine product history: Proposed Insured 1 <input type="checkbox"/> Never used <input type="checkbox"/> Quit over 5 years ago <input type="checkbox"/> Quit over 2 years ago <input type="checkbox"/> Quit over 1 year ago Proposed Insured 2 <input type="checkbox"/> Never used <input type="checkbox"/> Quit over 5 years ago <input type="checkbox"/> Quit over 2 years ago <input type="checkbox"/> Quit over 1 year ago Dependents or Other Insureds indicate history in Details Section on page 5.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7) Does anyone proposed for this insurance intend to travel outside the U.S. or Canada? If <b>Yes</b> , list where, when, purpose and duration within the Details Section on page 5.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8) In the past two years, flown as a pilot, crew member, or with any duties aboard an aircraft or is there any intention of doing so? If <b>"Yes,"</b> complete a Supplemental Questionnaire.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9) In the past two years, engaged in any motor racing, parachuting, gliding (kite or other), scuba diving, mountain climbing, extreme sports, or any other hazardous activities, or is there any intention of doing so? If <b>"Yes,"</b> complete a Supplemental Questionnaire.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10) Has any immediate family member (parents, brothers or sisters) died as a result of, or had heart disease, diabetes, or cancer prior to age 60?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11) Have you been arrested or convicted for any criminal offense, or are you currently on parole or probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12) Are you a member of, or applied to be a member of, or received a notice of required service in, the armed forces, reserves or National Guard? If <b>"Yes,"</b> please list: branch of service, rank, duties, mobilization category and current duty station.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13) Is any person proposed for insurance now under treatment, observation or taking any medication? If <b>"Yes"</b> indicate history in Details Section below.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Proposed Insured 1: Personal Physician Name & Address: _____ Date and reason last consulted: _____ Treatment: _____			
Proposed Insured 2: Personal Physician Name & Address: _____ Date and reason last consulted: _____ Treatment: _____			
Dependents or Other Insured: Personal Physician Name & Address: _____ Date and reason last consulted: _____ Treatment: _____			
<b>Details to "Yes" answers and/or Special Instructions:</b> (For <b>"Yes"</b> answers, please list question #, name of person proposed for insurance, date, physicians, hospitals, and medical information; address, phone, and details if a non-medical question.) Additional space provided on page 7.			

**Continuation of Details for Sections J and K to “Yes” answers and/or Special Instructions:** (For “Yes” answers, please list question #, name of person proposed for insurance, date, physicians, hospitals, and medical information; address, phone, and details if a non-medical question.)

**Section J:**

**Section K:**

**CONFIDENTIAL FINANCIAL STATEMENT**

Complete for all risk amounts \$500,000 and greater, and for all amounts on Proposed Insureds age 65 and older.

**L. Financial Information****Name of Proposed Insured(s)** \_\_\_\_\_

(For Joint Sales Indicate Both Insureds)

1. Purpose of Insurance?	<input type="checkbox"/> Required by Creditor (debt protection)	<input type="checkbox"/> Charitable Giving	<input type="checkbox"/> Mortgage Coverage
<input type="checkbox"/> Buy/Sell	<input type="checkbox"/> Retirement Plan	<input type="checkbox"/> Estate Planning	<input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> Deferred Comp.	<input type="checkbox"/> Split-Dollar	<input type="checkbox"/> Family Income Replacement	_____
<input type="checkbox"/> Employee Bonus	<input type="checkbox"/> Stock Redemption	<input type="checkbox"/> Final Expenses	_____
<input type="checkbox"/> Key Person			

For Business related sales complete Question 2.

2. Is Proposed Insured owner in business? ☐ Yes ☐ No % of Ownership? \_\_\_\_\_ %

Are other partners, corporate officers or key persons insured or being insured with similar amounts? ☐ Yes ☐ No

If "No" why not? \_\_\_\_\_

For other owners, list:

<b>Name</b>	<b>Title</b>	<b>% Ownership</b>	<b>Amount of Business Insurance in Force</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Net worth of business: Book Value \$ \_\_\_\_\_ Fair Market Value \$ \_\_\_\_\_

How was the value of the business determined? \_\_\_\_\_

Gross Annual Sales \$ \_\_\_\_\_ Net Annual Income of business (before taxes) \$ \_\_\_\_\_

3. Is Insurance required by creditor? ☐ Yes ☐ No Amount of Loan? \$ \_\_\_\_\_ Term of Loan \_\_\_\_\_

4. Earned Income:		5. Current personal financial status:
	<b>Last Year</b>	<b>Previous Year</b>
Salary	\$ _____	\$ _____
Bonus	\$ _____	\$ _____
Other	\$ _____	\$ _____
Unearned Income (interest, rentals, etc.)	\$ _____	\$ _____
Total	\$ _____	\$ _____

Assets at current market value	\$ _____
Liabilities	\$ _____
NET WORTH	\$ _____

6. Filed for bankruptcy in the past seven years? ☐ Yes ☐ No (If "Yes," indicate chapter filed, date, reason, and if discharged.)

7. Total coverage to be placed in force from all carriers: \$ \_\_\_\_\_

Provide additional details, formulas, plans or documentation, if any, to substantiate amount of coverage applied for.

I represent that these statements are true and complete to the best of my knowledge and belief. They are a part of my insurance application.

\_\_\_\_\_  
Date Signature of Proposed Insured 1 Signature of Proposed Insured 2

If required by Company guideline, Print Accountant's Name: \_\_\_\_\_

\_\_\_\_\_  
Date Signature of Accountant

Accountant's Business

Address: \_\_\_\_\_  
Street City State Zip Code

## AGREEMENT AND ACKNOWLEDGEMENT

### Each of the Undersigned declares that:

1. This Application consists of: a) Part I Application; b) Part II Medical Application, if required; c) any amendments to the application(s) attached thereto; and d) any supplements, all of which are required by the Company for the plan, amount and benefits applied for.
2. If the Company accepts 1/12th of the minimum annual premium and a Temporary Insurance Agreement is duly executed, the Company is liable under this application to the extent provided in the Temporary Insurance Agreement. Otherwise, the company shall incur no liability under this application unless a policy issued on this application has been received by the Owner, the first premium has been paid and any limitation or modification of insurance applied for has been agreed to in writing by the owner, all while the health of the person(s) now proposed for coverage and any other conditions remain as described in the application.
3. (a) The Company's approval is based on the statements in this application and the medical information obtained by the Company, if any. These statements are considered representations and not warranties; (b) if any representation is untrue and is material, the Company shall be under no liability except to return all premiums paid, provided, if this is an application for reinstatement, the Company shall be under no liability except to return premiums paid in connection with and subsequent to such reinstatement. A reinstatement shall be incontestable after the same period following reinstatement as provided in the policy with respect to incontestability.
4. No agent is authorized to make or alter contracts, to extend the time for payment of premiums, or to waive any of the Company's rights or requirements.
5. Corrections, additions or amendments to this application may be made by the Company. Acceptance of a policy issued with such changes will constitute acceptance of the changes. No changes, corrections or additions will be made in classification (including age at issue), plan, amount, or benefits unless agreed to in writing by the Applicant.
6. I ACKNOWLEDGE receipt of the Privacy Policy Disclosure.
7. I HAVE READ, or have had read to me, the completed Application for Life Insurance before signing below. All statements and answers in this application are correctly recorded, and are full, complete and true. I UNDERSTAND that any false statements or material misrepresentations may result in the loss of coverage under the policy.

## STATE DISCLOSURES

**All jurisdictions except AR, AZ, CT, DC, FL, KS, KY, LA, ME, MN, NJ, NM, OH, OK, PA, TX, VA and WA.** Any person who, with intent to defraud or knowing that he/she is facilitating fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**AR, DC, KY, ME, NM, OH and PA Only.** Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties.

**Connecticut and Texas Only.** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud, as determined by a court of competent jurisdiction.

**Louisiana Only.** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Oklahoma Only.** *Warning:* Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes a claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of insurance fraud.

**Washington Only:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.

**AUTHORIZATION TO OBTAIN INFORMATION:** I authorize any physician or other medical practitioner, hospital, clinic, pharmacy, other medical care institution, other companies or institutions, my employer, consumer reporting agency or the Medical Information Bureau, Inc., to give Columbus Life Insurance Company, or its reinsurers, information about me or my health for underwriting purposes. Except for the Medical Information Bureau reports, information may, in some cases, be obtained by authorized representatives of Columbus Life.

This information may include an investigative consumer report, other insurance coverage, details of employment, or medical care including diagnosis, advice, treatment and prognosis of any physical and mental condition regarding me or any of my minor children to be insured. I further consent to the release of any drug- or alcohol-related information which may be protected by federal regulations.

I understand that the information obtained may be used by the Company to determine eligibility for insurance, or to administer my coverage. The Company may not give the information to any person or entity except: 1) a reinsurer, or other insurers to whom I have applied or may apply; 2) MIB; or 3) any other person or entity who performs business or legal services in connection with the administration of my insurance coverage. I understand that some of these people or entities may not be covered by federal or state privacy regulations and that the information they receive may be redisclosed, however, the Company contractually requires them to protect the information we disclose to them. Information may be disclosed as allowed by law or regulation.

**MIB, INC.:** We will treat all information about your insurability as confidential. However, we, or our reinsurer(s) may make a report to MIB, Inc., a non-profit organization. MIB, Inc., operates an information exchange for its member life insurance companies. MIB, Inc., will supply the information it has to a member company on request. The request may be made when you apply for life insurance or when you make a claim for benefits. If you ask MIB, Inc., it will arrange to disclose to you any information it has in your file. If you believe any of this information is incorrect, you may request a correction according to the procedures in the Federal Fair Credit Reporting Act. MIB's address is: P.O. Box 105, Essex Station, Boston, Massachusetts, 02112, toll-free telephone numbers: 866 692-6901 (TTY 866 346-3642 for hearing impaired).

I have received a Privacy Policy Disclosure which details the method I must use to exercise my right to access, correct, and amend any information gathered about me or my children which relates to this application. I understand that I can provide written revocation of this Authorization to the Company at any time, unless: 1) the Company has taken action in reliance on the Authorization; or 2) the Company is using the Authorization in connection with a contestable claim under my policy.

I understand that if I refuse to sign this authorization to release my complete medical record, the Company may not process my application.

I agree that a copy of this authorization shall be as valid as the original and this authorization shall be valid for 24 months from the date shown below. I may have a copy upon request.

Under penalties of perjury, I certify that (1) the number shown on this form is my correct Taxpayer Identification Number, and (2) I am not currently subject to backup withholding as a result of Internal Revenue Service notification. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Signed at \_\_\_\_\_ Date \_\_\_\_\_  
(City and State) Signature of Proposed Insured 1 (if age 15 or older)

\_\_\_\_\_  
Signature of Applicant/Owner if other than Proposed Insured

\_\_\_\_\_  
Signature of Proposed Insured 2 or Proposed Other Insured

Agent/Producer's Certification - To the best of my knowledge, a replacement ☐ is ☐ is not involved in this transaction. I also certify that prior to signing this application, I delivered to the applicant only Company approved sales material, outline of coverage, Buyer's Guide, comparison and/or disclosure statement required by federal law or by the law of the state where the application was signed.

\_\_\_\_\_  
Agent's Name (Please Print)

\_\_\_\_\_  
License No.

Signature of Agent \_\_\_\_\_ Date \_\_\_\_\_

## Columbus Life Insurance Company

### Statement of Variability

#### Policy Form CL 90 0806

This document defines the range of variation of bracketed items found in the policy's cover page and in its Schedule Pages (SP-1 through SP-8).

#### Owner / Insured Specific Variables

The filed specimen policy form includes hypothetical information within the brackets shown on the Schedule page. In an issued contract, these fields will reflect information specific to the Owner / Insured.

#### Information Shown on Schedule Page SP-1:

<b>Owner:</b>	Owner's name
<b>Insureds:</b>	First and Second Insureds' names
<b>Age and Sex:</b>	First and Second Insureds' ages at issue and sexes
<b>Insured Sex:</b>	First and Second Insureds' sexes
<b>Risk Class:</b>	First and Second Insureds' risk classifications (Preferred (Tobacco User), Standard (Tobacco User), Super Preferred (Non-Tobacco User), Preferred (Non-Tobacco User), or Standard (Non-Tobacco User))
<b>Specified Amount:</b>	Specified amount of the policy selected by the owner on the application
<b>Planned Premium:</b>	Premium amount and mode selected by owner on the application Premium modes available are annual, semi-annual, quarterly, or monthly
<b>Planned Additional First Year Premium:</b>	Additional premium paid or payable by the Owner

### **Variables that are Not Owner-Specific**

The variables bracketed on the filed schedule page and described in the policy contain current restrictions set by the Company upon development of the policy. Any changes to these variables will be made in a nondiscriminatory fashion. If any of these variables change from the amount as filed, they will be changed for all new issues, such that there will be only one plan available in the market at any one time.

These items are being filed as variable so that we can adjust them if dictated by market conditions, evidence of antiselection, experience that is markedly different from pricing assumptions, etc. Any change to the items will result in a new value remaining within the ranges specified below.

#### **Information Shown on Cover Page:**

<b>Company Logo</b>	The flexibility to change our logo does not include the Company name. We understand if our Company name changes for any reason we must notify the Department accordingly.
<b>Officer's Signatures</b>	Will change if the relevant individuals or titles should change in the future.

#### **Information Shown on Schedule Page SP-1 :**

<b>Policy Date:</b>	Based on the date underwriting is completed, except may be an earlier date under limited backdating rules
<b>Policy Number:</b>	Number assigned by company to identify the policy
<b>Minimum Issue Limit:</b>	The smallest face amount for which a policy can be issued. Maximum range is \$100,000 - \$250,000
<b>Death Benefit Option:</b>	Either 1 or 2. Option 1 is a level death benefit option. Option 2 is an increasing death benefit option
<b>No-Lapse Guarantee Minimum Monthly Premium:</b>	This is the premium required to be paid each month in order to pass the No-Lapse Guarantee test. It varies based on the first and second insureds' issue ages, sexes, and classes.
<b>Maximum State Tax Charge Rate:</b>	This rate is dependant on the state the policy is issued. Currently this rate varies from 1.40% to 3.50%.
<b>Withdrawal Fee:</b>	Maximum range of variation is \$10 - \$100.
<b>Maximum Loan Interest Rate:</b>	Maximum range of variation is 2.00% - 8.00%.
<b>Minimum Guaranteed Interest Rate:</b>	Maximum range of variation is 1.00% - 6.00%.
<b>Accumulation Rate for No-Lapse Guarantee:</b>	Maximum range of variation is 2.00% - 8.00%.
<b>Minimum Withdrawal:</b>	Maximum range of variation is \$100 - \$1000.
<b>Minimum Net Cash Surrender Value:</b>	Maximum range of variation is \$100 - \$1000.

<b>Maximum Illustration Fee:</b>	Maximum range of variation is \$50 - \$200.
<b>Minimum Premium Payment:</b>	Maximum range of variation is \$10 - \$100.
<b>Minimum Decrease in Specified Amount:</b>	Maximum range of variation is \$10,000 - \$50,000.

**Information Shown on Schedule Page SP-2 through SP-7 :**

<b>Maximum Premium Expense Charge:</b>	Maximum range of variation is 0% - 10%
<b>Coverage Layer:</b>	Coverage Layer 1 corresponds to the specified amount at issue. Any increase in Specified Amount creates a new Coverage Layer. Decreases in Specified Amount may remove Coverage Layers. The target premium is used to determine the Premium Expense Charge for each coverage layer. The Effective Date lists the date the Coverage Layer was issued. For Coverage Layer 1, the Effective date corresponds to the Policy Date.
<b>Maximum Cost of Insurance Rates</b>	A blend of the maximum cost of insurance rates for each insured. The maximum rates for each insured will match the sex and class of the insured and reflect any substandard mortality. The maximum range of variation is 100% to 300% of the appropriate 2001 CSO ALB ultimate table (monthly basis).
<b>Mortality Table basis of Maximum Cost of Insurance Rates</b>	Appropriate 2001 CSO mortality Table, based on the first and second insureds' sexes and classes.
<b>Maximum Per Policy Charge:</b>	Maximum range of variation is \$0.00 - \$10.00.
<b>Maximum Per \$1000 Charge:</b>	Maximum range of variation is \$0.00 - \$20.00. This Charge is listed separately for each Coverage Layer.
<b>Surrender Charge:</b>	These charges vary based upon the Specified Amount and the insureds' Ages, Sexes and Classes.
<b>Life Insurance Qualification Test:</b>	The owner chooses between Guideline Premium Test or Cash Value Accumulation Test at issue. The test cannot be changed after issue.
<b>Minimum Death Benefit Factors:</b>	The applicable corridor factors that are used to determine minimum death benefit as described in IRC Section 7702. This will vary depending on the Life Insurance Qualification Test selected. For Cash Value Accumulation Test defined in IRC Section 7702 (b) (1) & (2), The factors depend on Sex and Premium Class, plus (i) interest at the greater of 4% or the Minimum Guaranteed Interest Rate, (ii) reasonable mortality charges not to exceed the prevailing commissioner's standard tables, and (iii) a maturity age between age 95 and 100. For the specimen policy, these items are set to 4%, the 2001 CSO ALB and maturity age 100, respectively. The Net Single Premium Factors will change whenever necessary to remain compliant with federal regulations and any interpretative opinions.



**Information Shown on Schedule Page SP-8:**

**Minimum Amount That May Be Applied to Income Plan:** Maximum range of variation is \$1,000 - \$10,000.

**Minimum Payment Amount:** Maximum range of variation is \$50 - \$500.

**Minimum Income Plan Interest Rate:** Maximum range of variation is 1% - 5%.

**Income Plan Mortality Table:** Acceptable Mortality Tables are based on appropriate industry tables published by the Society of Actuaries or the National Association of Insurance Commissioners, adjusted by such means as projection scales, age setbacks or other methods.

**Income Options:** We may offer Income Options different from, or in addition to, the *Payments for Life – 10 Year Guarantee Period* shown in the specimen policy. Also, the actual Monthly Payments for each \$1,000 Applied appearing in the Minimum Income Table(s) will vary depending upon the type of option as well as the Minimum Income Option Interest Rate and the Income Option Mortality Table. Potential alternative options include Payments for Life – with other than 10 year Guarantee Periods, Life Annuity – No Guaranteed Period, Joint and Survivor Life Income (with or without a guarantee period); Payments for a Fixed Period, Funds Left on Deposit, or any other future option developed by the Company.

**Adjustment to Age:** Example: We may change the example to any reasonable set of circumstances that will assist the policyowner in understanding how the adjustment is computed.

Year Life Income Payment Plan Begins: The date range in the specimen policy consists of 6-year groups encompassing calendar years 2012 thru 2048 and later. The group sizes could be expanded or contracted and the specific years could begin as early as 2007 and end as late as 2099.

Age Setback: Maximum range of variation is 0 – 15 years.

## Columbus Life Insurance Company

### Statement of Variability

#### Policy Form CL 90 0806 with Riders

This document defines the range of variation of bracketed items found in the policy's Schedule Pages.

#### Owner / Insured Specific Variables

The filed specimen policy form includes hypothetical information within the brackets shown on the Schedule page. In an issued contract, these fields will reflect information specific to the Owner / Insured.

#### Information Shown on Schedule Page SP-1:

<b>Owner:</b>	Owner's name
<b>Insureds:</b>	First and Second Insureds' names
<b>Age and Sex:</b>	First and Second Insureds' ages at issue and sexes
<b>Insured Sex:</b>	First and Second Insureds' sexes
<b>Risk Class:</b>	First and Second Insureds' risk classifications (Preferred (Tobacco User), Standard (Tobacco User), Super Preferred (Non-Tobacco User), Preferred (Non-Tobacco User), or Standard (Non-Tobacco User))
<b>Specified Amount:</b>	Specified amount of the policy selected by the owner on the application
<b>Planned Premium:</b>	Premium amount and mode selected by owner on the application Premium modes available are annual, semi-annual, quarterly, or monthly
<b>Planned Additional First Year Premium:</b>	Additional premium paid or payable by the Owner

#### Information Shown on Rider Schedule Pages:

<b>Additional Benefits Provided by Rider:</b>	<u>Benefit Amount:</u> For riders with benefit amounts to be chosen by the policy owner, this is the amount selected. All other riders are listed as "N/A".
---	---

#### Accelerated Death Benefit Rider:

<b>Insured:</b>	First and Second Insureds' names
<b>Age of Insured:</b>	First and Second Insureds' issue ages

#### Other Insured Term Rider:

<b>Other Insured:</b>	Other Insured's name
<b>Age of Other Insured:</b>	Other Insured's age

**Other Insured Sex:** Insured's sex

**Other Insured Benefit Amount:** Benefit amount selected by policy owner.

**Class:** Other Insured's classification (Preferred Tobacco User, Standard Tobacco User, Super Preferred Non-Tobacco User, Preferred Non-Tobacco User, or Standard Non-Tobacco User)

### **Variables that are Not Owner-Specific**

The variables bracketed on the filed schedule page and described in the policy contain current restrictions set by the Company upon development of the policy. Any changes to these variables will be made in a nondiscriminatory fashion. If any of these variables change from the amount as filed, they will be changed for all new issues, such that there will be only one plan available in the market at any one time.

These items are being filed as variable so that we can adjust them if dictated by market conditions, evidence of antiselection, experience that is markedly different from pricing assumptions, etc. Any change to the items will result in a new value remaining within the ranges specified below.

#### **Information Shown on Schedule Page SP-1 :**

<b>Policy Date:</b>	Based on the date underwriting is completed, except may be an earlier date under limited backdating rules
<b>Policy Number:</b>	Number assigned by company to identify the policy
<b>Minimum Issue Limit:</b>	The smallest face amount for which a policy can be issued. Maximum range is \$100,000 - \$250,000
<b>Death Benefit Option:</b>	Either 1 or 2. Option 1 is a level death benefit option. Option 2 is an increasing death benefit option
<b>No-Lapse Guarantee Period:</b>	Shows the effective dates of the No- Lapse Guarantee as described in the policy
<b>No-Lapse Guarantee Minimum Monthly Premium:</b>	This is the premium required to be paid each month in order to pass the No-Lapse Guarantee test. It varies based on the first and second insureds' issue ages, sexes, and classes.
<b>Maximum State Tax Charge Rate:</b>	This rate is dependant on the state the policy is issued. Currently this rate varies from 1.40% to 3.50%.
<b>Withdrawal Fee:</b>	Maximum range of variation is \$10 - \$100.
<b>Maximum Loan Interest Rate:</b>	Maximum range of variation is 2.00% - 8.00%.
<b>Minimum Guaranteed Interest Rate:</b>	Maximum range of variation is 1.00% - 6.00%.
<b>Accumulation Rate for No-Lapse Guarantee:</b>	Maximum range of variation is 2.00% - 8.00%.
<b>Minimum Withdrawal:</b>	Maximum range of variation is \$100 - \$1000.
<b>Minimum Net Cash Surrender Value:</b>	Maximum range of variation is \$100 - \$1000.
<b>Maximum Illustration Fee:</b>	Maximum range of variation is \$50 - \$200.
<b>Minimum Premium Payment:</b>	Maximum range of variation is \$10 - \$100.

**Minimum Decrease in Specified Amount:**

Maximum range of variation is \$10,000 - \$50,000.

**Information Shown on Rider Specifications Pages**

**Additional Benefits Provided by Rider:**

Effective Date: The date the rider takes effect. For riders issued with the policy, this date corresponds to the Policy Date.

Monthly Rider Cost: For riders with a cost associated with them, either the amount is shown or the footnote is referenced. Other riders are listed as "N/A".

**Accelerated Death Benefit Rider:**

**Effective Date:** Shows the effective date of the rider.

**Maximum Advance Age:** Varies by Policy Form to which this rider is attached. It is based on the maturity age, if applicable.

**Maximum Advance Amount:** Defines the formula used to determine the maximum advance for each qualifying event. These formulas may be changed from time to time, but changes will apply to an entire class of owners.

**Minimum Payment Amount:** Maximum range of variation is \$100 - \$5000.

**Maximum Administrative Charge:** Maximum range of variation is \$50 - \$250.

**Lien Interest Rates:** Part (b) is the maximum interest rate defined by law. This rate will either be the maximum fixed rate allowed by law or a variable rate that varies by an index defined by law.

**Other Insured Term Rider:**

**Effective Date:** Shows the effective date of the rider.

**Maximum Cost of Insurance Rates** The rates in the specimen policy are equal to 100% of the female nonsmoker 2001 CSO ALB ultimate table (monthly basis). The actual rates will match the sex and class of the other insured and reflect any substandard mortality. The maximum range of variation is 100% to 300% of the appropriate 2001 CSO ALB ultimate table (monthly basis).

## Policy Schedule

**Owner:** [ John Doe ]

**Policy Number:** [ CM1234567U ]

**Insureds:**

**Age and Sex:**

**Risk Class:**

[ John Doe ]

[ 35, Male ]

[ Super Preferred (Non-Tobacco User) ]

[ Jane Doe ]

[ 35, Female ]

[ Super Preferred (Non-Tobacco User) ]

**Specified Amount:** [ \$250,000 ]

**Policy Date:** [ 06-15-2008 ]

**Planned Premium:** [ \$1,300.00 Annually ]

**Planned Additional  
First Year Premium:** [ \$0.00 ]

**Death Benefit Option:** [ 1 ]

**Minimum Issue Limit:** [ \$250,000 ]

**No-Lapse Guarantee Period:** Lifetime

No-Lapse Guarantee Minimum Monthly Premium: [ \$41.61 to Younger Insured's Age 100,  
\$0 thereafter ]

Maximum Premium Expense Charge Rates: See Maximum Premium  
Expense Charge Page

Maximum Monthly Cost of Insurance Charge Rates: See Guaranteed Maximum Cost of  
Insurance Charges Page

Maximum State Tax Charge Rate: [ 3.00% ]

Maximum Monthly Per Policy Charge: See Maximum Per Policy  
Charge Page

Maximum Monthly Per \$1,000 Charge Rates: See Maximum Per \$1,000  
Charge Page

Surrender Charges: See Surrender Charges Page

Withdrawal Fee: [ \$50 for each withdrawal  
after the first in a policy year ]

Maximum Loan Interest Rate: [ 3.50% ]

Minimum Guaranteed Interest Rate: [ 3.00% ]

Accumulation Rate for No-Lapse Guarantee  
Minimum Monthly Premium: [ 5.50% ]

Minimum Withdrawal: [ \$500 ]

Minimum Net Cash Surrender Value: [ \$250 ]

Maximum Illustration Fee: [ \$75 per illustration ]

Minimum Premium Payment: [ \$50 ]

Minimum Decrease in Specified Amount: [ \$25,000 ]

**NOTE:** It is possible that coverage will expire prior to the younger Insured's age 120 if premiums paid are not sufficient to continue coverage to that date.

## Policy Schedule (continued)

<u>Additional Benefits Provided By Rider</u>	<u>Effective Date</u>	<u>Benefit Amount</u>	<u>Monthly Rider Cost</u>	<u>Rider Cost Payable To Age</u>
Accelerated Death Benefit Rider	[ Date of First Insured's Death	N/A	N/A ]	N/A
Other Insured Term Rider	[ 06-15-2008	\$50,000	* * ]	95
Estate Protection Rider	[ 06-15-2008	\$312,500	\$x.x ]	36*
Estate Tax Repeal Rider	[ 06-15-2008	N/A	N/A ]	N/A

\*Younger Insured's Age

\*\*See Additional Policy Schedule Page

## Policy Schedule (continued)

### Accelerated Death Benefit Rider

**Insured:** [ John Doe ] **Age of Insured:** [ 35 ]

**Insured:** [ Jane Doe ] **Age of Insured:** [ 35 ]

**Effective Date:** [ Date of First Insured's Death ]

**Maximum Advance Age:** [ 120 ]

**Maximum Advance Amount:** [The maximum advance amount under this rider is equal to the policy's cash surrender value plus:

(1) for Specified Medical Condition, the lesser of (i) \$25,000 or (ii) 10% of the Net Amount at Risk as defined in the policy;

(2) for Chronic Illness, the lesser of (i) \$250,000 or (ii) 40% of the Net Amount at Risk as defined in the policy; or

(3) for Terminal Illness, the lesser of (i) \$250,000 or (ii) 60% of the Net Amount at Risk as defined in the policy. ]

**Minimum Payment Amount:** [ \$1,000 ]

**Maximum Administrative Charge:** [ \$150 ]

**Lien Interest Rates:** For the portion of the outstanding lien that is less than or equal to the net cash surrender value of the policy, the lien interest rate will be the lesser of:

(a) the fixed loan interest rate then in effect under the policy; or

(b) [ 8% (7.4% in advance) ].

The lien interest rate on the amount of the outstanding lien in excess of the net cash surrender value will be the rate in (b) above.



## Policy Schedule (continued)

### Other Insured Term Rider

Other Insured: [ Jane Doe ]

Age of Other Insured: [ 35 ]

Other Insured Benefit Amount: [ \$50,000 ]

Other Insured Sex: [ Female ]

Other Insured Class: [ Standard (Non-Tobacco User) ]

Effective Date: [ 06-15-2007 ]

### Guaranteed Maximum Cost of Insurance Charges Rates Per Thousand Dollars Of Benefit Amount for the Other Insured

Attained Age	Monthly Rider Rate	Attained Age	Monthly Rider Rate
[ 35	0.08	65	0.96 ]
36	0.08	66	1.04
37	0.09	67	1.13
38	0.09	68	1.23
39	0.10	69	1.34
40	0.10	70	1.47
41	0.11	71	1.61
42	0.12	72	1.76
43	0.13	73	1.93
44	0.14	74	2.12
45	0.15	75	2.33
46	0.16	76	2.55
47	0.18	77	2.80
48	0.20	78	3.08
49	0.22	79	3.37
50	0.25	80	3.75
51	0.27	81	4.20
52	0.31	82	4.69
53	0.34	83	5.19
54	0.37	84	5.76
55	0.41	85	6.33
56	0.45	86	7.01
57	0.50	87	7.85
58	0.55	88	8.73
59	0.59	89	9.61
60	0.64	90	10.25
61	0.70	91	10.87
62	0.76	92	11.90
63	0.82	93	13.29
[ 64	0.89	94	15.02 ]

This table shows the guaranteed maximum Cost of Insurance Charge rates for the Other Insured. These rates are individual mortality calculations based on the [ 2001 CSO Nonsmoker Female ALB Ultimate Mortality Table, Age Last Birthday ] as specified by the risk class of the Other Insured shown on the Policy Schedule. Attained age is the age of the Other Insured on the last anniversary of the effective date or of the date of any increase.

<i>SERFF Tracking Number:</i>	<i>WSST-125501788</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Columbus Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38273</i>
<i>Company Tracking Number:</i>	<i>CL 90 0806</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium Adjustable Life</i>	<i>Sub-TOI:</i>	<i>L09I.002 Joint (Last Survivor)</i>
<i>Product Name:</i>	<i>CLIC/Legacy G/NDL</i>		
<i>Project Name/Number:</i>	<i>CLIC/Legacy G/NDL/CL 90 0806</i>		

## Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

<b>Original Date:</b>	<b>Schedule</b>	<b>Document Name</b>	<b>Replaced Date</b>	<b>Attach Document</b>
No original date	Form	Flexible Premium Survivorship Universal Life Insurance Policy	02/25/2008	CL 90 0806 AR - Legacy G.pdf



400 EAST FOURTH STREET • CINCINNATI, OHIO 45202-3302 • 1-800-677-9696 • WWW.COLUMBUSLIFE.COM

## Life Insurance Policy

**Coverage Provided By This Policy:** We agree to pay the Death Benefit to the Beneficiary when We receive proof of the death of both Insureds while this policy is in force, subject to the terms of this policy. The Death Benefit is explained in the **Death Benefit Provisions** section. During the Insureds' lifetimes, We will provide cash surrender value benefits and other important rights, as described in the policy.

The Death Benefit is payable following the second death. However, You must give Us proof of the first death as soon as reasonably possible after it occurs. See the **Limits on Our Contesting This Policy** section.

**Thirty-Day Right To Examine the Policy (Free Look Period):** Please read Your policy carefully. If You are not satisfied with it, You may return it to Us within 30 days after You receive it. Mail or deliver the policy to Us at Our Home Office (P.O. Box 5737, Cincinnati, Ohio 45201-5737) or to one of Our agents. The policy will be deemed void as though no application was made. We will promptly refund any premium paid.

This policy is a legal contract between You, as Owner, and Columbus Life Insurance Company.

Signed for Columbus Life Insurance Company at Cincinnati, Ohio.

**SPECIMEN**  
*[Signature]*  
Secretary

**SPECIMEN**  
*[Signature]*  
President and  
Chief Executive Officer

Issued by a Stock Company

## PLEASE READ YOUR POLICY CAREFULLY

Flexible Premium Survivorship Universal Life Insurance Policy  
Issued on Insureds in Risk Classes Shown on Policy Schedule  
Death Benefit Payable at Death of Second Insured  
No-Lapse Guarantee with Minimum Monthly Premium  
Nonparticipating

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## Policy Schedule

**Owner:** [ John Doe ]

**Policy Number:** [ CM1234567U ]

**Insureds:**

**Age and Sex:**

**Risk Class:**

[ John Doe ]

[ 35, Male ]

[ Super Preferred (Non-Tobacco User) ]

[ Jane Doe ]

[ 35, Female ]

[ Super Preferred (Non-Tobacco User) ]

**Specified Amount:** [ \$250,000 ]

**Policy Date:** [ 06-15-2008 ]

**Planned Premium:** [ \$1,300.00 Annually ]

**Planned Additional  
First Year Premium:** [ \$0.00 ]

**Death Benefit Option:** [ 1 ]

**Minimum Issue Limit:** [ \$250,000 ]

**No-Lapse Guarantee Period:** Lifetime

No-Lapse Guarantee Minimum Monthly Premium: [ \$68.55 to Younger Insured's Age 100,  
\$0 thereafter ]

Maximum Premium Expense Charge Rates: See Maximum Premium  
Expense Charge Page

Maximum Monthly Cost of Insurance Charge Rates: See Guaranteed Maximum Cost of  
Insurance Charges Page

Maximum State Tax Charge Rate: [ 3.00% ]

Maximum Monthly Per Policy Charge: See Maximum Per Policy  
Charge Page

Maximum Monthly Per \$1,000 Charge Rates: See Maximum Per \$1,000  
Charge Page

Surrender Charges: See Surrender Charges Page

Withdrawal Fee: [ \$50 for each withdrawal  
after the first in a policy year ]

Maximum Loan Interest Rate: [ 3.50% ]

Minimum Guaranteed Interest Rate: [ 3.00% ]

Accumulation Rate for No-Lapse Guarantee  
Minimum Monthly Premium: [ 5.50% ]

Minimum Withdrawal: [ \$500 ]

Minimum Net Cash Surrender Value: [ \$250 ]

Maximum Illustration Fee: [ \$75 per illustration ]

Minimum Premium Payment: [ \$50 ]

Minimum Decrease in Specified Amount: [ \$25,000 ]

**NOTE:** It is possible that coverage will expire prior to the younger Insured's age 120 if premiums paid are not sufficient to continue coverage to that date.

---

## Policy Schedule (continued)

### Maximum Premium Expense Charge

<u>Coverage Layer Month</u>	<u>Up To Target Premium</u>	<u>In Excess Of Target Premium</u>
[ 1 – 144	6.50%	3.75% ]
[ 145 +	3.50%	2.75% ]
	<u>Target Premium</u>	<u>Effective Date</u>
Coverage Layer 1	[ \$1,300.00	06/15/2008 ]

## Policy Schedule (continued)

### Guaranteed Maximum Cost of Insurance Charges Rates Per Thousand Dollars of Net Amount at Risk

Policy Year	Maximum Monthly Rate	Policy Year	Maximum Monthly Rate	Policy Year	Maximum Monthly Rate
[ 1	0.000086	29	0.184529	57	11.942144
2	0.000278	30	0.220593	58	13.108444
3	0.000505	31	0.262530	59	14.548778
4	0.000770	32	0.310455	60	16.270785
5	0.001076	33	0.365771	61	18.125860
6	0.001448	34	0.429622	62	19.968975
7	0.001898	35	0.504153	63	21.299333
8	0.002452	36	0.592929	64	22.153069
9	0.003146	37	0.700784	65	23.574559
10	0.004007	38	0.829072	66	25.320628
11	0.005069	39	0.976081	67	27.185784
12	0.006364	40	1.145532	68	29.271669
13	0.007873	41	1.340575	69	31.580872
14	0.009590	42	1.566818	70	34.131318
15	0.011696	43	1.832354	71	36.866873
16	0.014310	44	2.142059	72	39.702652
17	0.017593	45	2.498306	73	42.660946
18	0.021694	46	2.923321	74	45.607206
19	0.026695	47	3.426380	75	48.818204
20	0.032947	48	3.983423	76	51.801518
21	0.040709	49	4.599810	77	55.555556
22	0.049962	50	5.297896	78	59.523810
23	0.060705	51	6.054557	79	62.500000
24	0.073080	52	6.918150	80	83.333333
25	0.087749	53	7.920599	81	83.333333
26	0.105478	54	8.994425	82	83.333333
27	0.127270	55	10.097219	83	83.333333
28	0.153548	56	11.045878	84	83.333333
				85	83.333333
				86 and later	0.000000 ]

This table shows the guaranteed maximum Cost of Insurance Charge rates for the policy without riders. These rates are joint second-to-die mortality calculations based on the [2001 CSO Nonsmoker Male and Female ALB Ultimate Mortality Table, Age Last Birthday] as specified by the risk classes of the Insureds shown on the Policy Schedule.

---

**Policy Schedule** (continued)

**Maximum Per Policy Charge**

<b>Policy Year</b>	<b>Monthly Charge</b>
[ 1 – 85	\$10.00 ]
[ 86+	\$0.00 ]



---

## Policy Schedule (continued)

### Maximum Per \$1,000 Charge Rates Per Thousand Dollars of Specified Amount

	<u>Coverage Layer Month</u>	<u>Monthly Rate</u>
Coverage Layer 1	[ 1 – 240]	0.17500 ]
	[ 241 +]	0.00000 ]

---

## Policy Schedule (continued)

### Surrender Charges

Policy Month	Amount	Policy Month	Amount
[ 1-60	\$1,226.25	100	\$681.22
61	\$1,212.60	101	\$667.65
62	\$1,199.03	102	\$654.00
63	\$1,185.38	103	\$640.35
64	\$1,171.72	104	\$626.78
65	\$1,158.15	105	\$613.13
66	\$1,144.50	106	\$599.47
67	\$1,130.85	107	\$585.90
68	\$1,117.28	108	\$572.25
69	\$1,103.63	109	\$558.60
70	\$1,089.97	110	\$545.03
71	\$1,076.40	111	\$531.38
72	\$1,062.75	112	\$517.72
73	\$1,049.10	113	\$504.15
74	\$1,035.53	114	\$490.50
75	\$1,021.88	115	\$476.85
76	\$1,008.22	116	\$463.28
77	\$994.65	117	\$449.63
78	\$981.00	118	\$435.97
79	\$967.35	119	\$422.40
80	\$953.78	120	\$408.75
81	\$940.13	121	\$391.75
82	\$926.47	122	\$374.66
83	\$912.90	123	\$357.66
84	\$899.25	124	\$340.65
85	\$885.60	125	\$323.57
86	\$872.03	126	\$306.56
87	\$858.38	127	\$289.56
88	\$844.72	128	\$272.47
89	\$831.15	129	\$255.47
90	\$817.50	130	\$238.46
91	\$803.85	131	\$221.38
92	\$790.28	132	\$204.38
93	\$776.63	133	\$187.37
94	\$762.97	134	\$170.29
95	\$749.40	135	\$153.28
96	\$735.75	136	\$136.28
97	\$722.10	137	\$119.19
98	\$708.53	138	\$102.19
99	\$694.88	139	\$85.18
		140	\$68.10
		141	\$51.09
		142	\$34.09
		143	\$17.00
		144	\$0.00
		145 or more	\$0.00 ]

A policy month begins on a Monthly Anniversary Day and ends on the day before the Monthly Anniversary Day in the next calendar month. Policy month 1 begins on the Policy Date.

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## Policy Schedule (continued)

### Minimum Death Benefit Factors

Life Insurance Qualification Test: [Guideline Premium Test]

Younger Insured's Age Last Policy Anniversary	Applicable Factor	Younger Insured's Age Last Policy Anniversary	Applicable Factor
[ 40 and under	2.50	61	1.28
41	2.43	62	1.26
42	2.36	63	1.24
43	2.29	64	1.22
44	2.22	65	1.20
45	2.15	66	1.19
46	2.09	67	1.18
47	2.03	68	1.17
48	1.97	69	1.16
49	1.91	70	1.15
50	1.85	71	1.13
51	1.78	72	1.11
52	1.71	73	1.09
53	1.64	74	1.07
54	1.57	75 through 90	1.05
55	1.50	91	1.04
56	1.46	92	1.03
57	1.42	93	1.02
58	1.38	94	1.01
59	1.34	95 or higher	1.00 ]
60	1.30		

## Policy Schedule (continued)

### Income Plans

**Minimum Amount That May Be Applied to Income Plan:** [\$2,500]

**Minimum Payment Amount:** [\$100]

**Minimum Income Plan Interest Rate:** [1.00%]

**Income Plan Mortality Table:** [Annuity 2000 Table, with Projection Scale G, adjusted for age last birthday]

#### Income Plans:

##### [**Payments for Life – 10 Year Guarantee Period**

Equal monthly payments shall be made for 10 years and thereafter during the life of a named person. The amount of each monthly payment depends on that person's sex and adjusted age on the date of first payment. Monthly payments will not be less than those shown in the table below.

<b>Minimum Income Table</b>								
<b>Payments for Life – 10 Year Guaranteed Period</b>								
Monthly Payments for each \$1,000 applied								
<b>Adjusted Age Last Birthday</b>	<b>Male</b>	<b>Female</b>	<b>Adjusted Age Last Birthday</b>	<b>Male</b>	<b>Female</b>	<b>Adjusted Age Last Birthday</b>	<b>Male</b>	<b>Female</b>
<b>55</b>	[3.15	2.87	<b>65</b>	[4.23	3.82	<b>75</b>	[5.91	5.47
<b>56</b>	3.23	2.94	<b>66</b>	4.38	3.95	<b>76</b>	6.11	5.67
<b>57</b>	3.32	3.02	<b>67</b>	4.52	4.08	<b>77</b>	6.30	5.89
<b>58</b>	3.41	3.10	<b>68</b>	4.68	4.22	<b>78</b>	6.49	6.11
<b>59</b>	3.51	3.19	<b>69</b>	4.84	4.38	<b>79</b>	6.68	6.33
<b>60</b>	3.62	3.28	<b>70</b>	5.01	4.54	<b>80</b>	6.87	6.54
<b>61</b>	3.73	3.37	<b>71</b>	5.18	4.71	<b>81</b>	7.06	6.76
<b>62</b>	3.85	3.47	<b>72</b>	5.36	4.88	<b>82</b>	7.24	6.97
<b>63</b>	3.97	3.58	<b>73</b>	5.54	5.07	<b>83</b>	7.41	7.18
<b>64</b>	4.10	3.70]	<b>74</b>	5.72	5.26]	<b>84</b>	7.57	7.37
						<b>85 and over</b>	7.72	7.55]

[**Adjustment to Age:** To determine the adjusted age, We subtract the Age Setback shown below from the actual age. For example, for a 67-year-old person in 2028, We use the age 64 factor per \$1,000 from the minimum income table.]

<b>Year Life Income Payment Plan Begins</b>	<b>Age Setback</b>
[2012 – 2017	1 year
2018 – 2023	2 years
2024 – 2029	3 years
2030 – 2035	4 years
2036 – 2041	5 years
2042 – 2047	6 years
2048 and later	7 years]

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## **Definitions**

**YOU AND YOUR.** In this policy, You and Your refer to the Owner of the policy.

**WE, OUR AND US.** Columbus Life Insurance Company.

### ***Basic Policy Terms.....***

**BENEFICIARY.** The person or persons You have named to receive the Death Proceeds when the Insured dies.

**COVERAGE LAYER.** A Coverage Layer consists of all base policy and rider coverages that become effective on a single Monthly Anniversary Day. The first Coverage Layer consists of coverage effective on the Policy Date. The addition of rider benefits creates another Coverage Layer.

**DEATH BENEFIT.** The amount We will pay to the Beneficiary under the base policy when We receive proof that both Insureds died while this policy was in force.

**DEATH PROCEEDS.** The Death Benefit plus any insurance on the lives of the Insureds provided by riders, excluding any rider that includes its own beneficiary designation.

**INSURED.** Either of the persons named on the application on whose lives this policy provides insurance coverage.

**MONTHLY ANNIVERSARY DAY.** The day each month on which We deduct the Monthly Policy Charges. The initial Monthly Anniversary Day is the Policy Date.

**OWNER.** The person or persons who have all rights under this policy. If there are joint Owners, both must consent in writing to the exercise of any right under this policy.

**POLICY DATE.** The issue date of the policy and the date from which policy months, years and anniversaries are measured.

**POLICY SCHEDULE.** The schedule pages of this policy, or the most recent amended Policy Schedule We have sent You.

**SPECIFIED AMOUNT.** The amount of insurance coverage You have selected under the base policy, as shown on the Policy Schedule.

### ***Premiums .....***

**NET PREMIUM.** The amount of premium paid less the Premium Expense Charge and the State Tax Charge.

**NO-LAPSE GUARANTEE MINIMUM MONTHLY PREMIUM.** The amount of premium due on each Monthly Anniversary Day to assure the policy will not terminate or begin the Grace Period as described in the ***Guarantee of Continued Coverage*** provision. The No-Lapse Guarantee Minimum Monthly Premium as of the Policy Date is shown on the Policy Schedule. If You add rider coverage after the Policy Date, the No-Lapse Guarantee Minimum Monthly Premium for Your policy will increase if the rider has a cost.

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**PLANNED PREMIUM.** The amount and frequency of the premium You have indicated You plan to pay, as shown on the Policy Schedule.

**TARGET PREMIUM.** An amount of premium for a Coverage Layer for a coverage year that We use to determine the Premium Expense Charge rate(s) applicable to each premium payment. The Target Premium for the initial Coverage Layer as of the Policy Date is shown on the Policy Schedule. If You add or remove rider coverage after the Policy Date, the Target Premium for Your policy will increase or decrease if the rider has a Target Premium associated with it. If You request a decrease in Specified Amount after the Policy Date, the Target Premium for Your policy will decrease. We will send You an amended Policy Schedule showing the new Target Premium following any such decrease. The initial Target Premium depends on the age, sex and risk class of each insured person on the Policy Date. The Target Premium for a new Coverage Layer or for rider coverage You add will depend on the age, sex and risk class of each insured person on the effective date of the Coverage Layer or rider.

**Values .....**

**ACCOUNT VALUE.** The Account Value reflects Your financial interest in the policy. The **Account Value** section explains how to calculate the Account Value.

**CASH SURRENDER VALUE.** The Account Value, less any applicable Surrender Charge.

**INDEBTEDNESS.** The amount of any outstanding policy loan(s) plus any accrued and unpaid loan interest.

**NET AMOUNT AT RISK.** The amount of the Death Benefit for which We are at risk. The Net Amount at Risk on any Monthly Anniversary Day is equal to:

- (1) the Death Benefit plus Indebtedness, divided by 1.0024663; minus
- (2) the Account Value after deduction of Monthly Policy Charges, other than the Cost of Insurance Charge, on that Monthly Anniversary Day.

**NET CASH SURRENDER VALUE.** The Cash Surrender Value less any Indebtedness.

**Charges .....**

**COST OF INSURANCE CHARGE.** An amount deducted from the Account Value each Monthly Anniversary Day to pay for the cost of insurance coverage under the base policy. The maximum monthly Cost of Insurance Charge rates for each policy year are shown on the Policy Schedule.

**PER \$1,000 CHARGE.** An amount deducted on each Monthly Anniversary Day to partially cover Our expenses of distributing, issuing and administering the policy. The maximum monthly Per \$1,000 Charge rates for the initial Coverage Layer are shown on the Policy Schedule.

**PER POLICY CHARGE.** An amount deducted each Monthly Anniversary Day to partially cover Our expenses of administering the policy. The maximum monthly Per Policy Charge is shown on the Policy Schedule.

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**PREMIUM EXPENSE CHARGE.** An amount deducted from each premium payment before it is credited to the policy to partially cover the costs of distributing the policy. The maximum Premium Expense Charge rates are shown on the Policy Schedule.

**STATE TAX CHARGE.** An amount equal to the current applicable state premium tax rate that is deducted from each premium payment before it is credited to the policy. The maximum State Tax Charge rate is shown on the Policy Schedule.

**SURRENDER CHARGE.** An amount deducted from the Account Value if this policy is surrendered or terminates when a Grace Period ends without sufficient premium or loan repayment being paid to keep the policy in force. The Surrender Charges that would apply in each policy month are shown on the Policy Schedule.

***This Policy  
is a Contract***

This policy is a contract between You and Us to insure the joint lives of the Insureds. We have issued it in reliance on the statements made in the application and in consideration for the premiums paid to Us.

Whenever We refer to the policy, We mean the entire contract. The entire contract consists of:

- the base policy;
- the attached application;
- any attached supplemental applications; and
- any attached riders, endorsements or amendments.

Riders, endorsements and amendments add provisions or change the terms of the base policy.

***Ownership  
Provisions***

***Owner, Contingent Owner and Joint Owner***

You have all rights in this policy, subject to any assignment and to the rights of any irrevocable Beneficiary You have named to consent to a change of Beneficiary.

If You are not an Insured, You may name a contingent Owner. If You die before the Second Insured, ownership would then pass to the contingent Owner. If there is no contingent Owner, Your estate would become the Owner.

This policy may be owned by two persons as joint Owners. In that case, both joint Owners must consent in writing to the exercise of any rights under the policy. You must also have the consent of any irrevocable Beneficiary to change the Beneficiary. You do not need the consent of a contingent Owner or a revocable Beneficiary to exercise any of Your rights. If a joint Owner dies before the Insured, ownership would pass to the surviving joint Owner(s) under a right of survivorship, unless otherwise indicated in the application or in a change of ownership notice.

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You may change the Owner, or change or revoke any contingent Owner designation, at any time by written notice to Us. The change will take effect on the date You signed the notice, but We will not be liable for any payments We make or actions We take before We receive the notice in form satisfactory to Us at Our Home Office. A change of Owner automatically revokes any contingent Owner designation. A change of Owner, or a change or revocation of a contingent Owner designation, does not automatically change or revoke a prior Beneficiary designation.

## ***Beneficiary Provisions***

### ***Primary Beneficiary and Contingent Beneficiary***

The Beneficiary is the person to whom We pay the Death Proceeds upon the Second Insured's death. Unless You change them later, the primary and contingent Beneficiaries are the persons named in the application. If no primary Beneficiary is still living when the Second Insured dies, We will pay the Death Proceeds to any contingent Beneficiary who is still living. If there is no surviving primary or contingent Beneficiary, We will pay You. If You were an Insured, We will pay Your estate. The interest of any Beneficiary is subject to the rights of any assignee reflected on Our records.

Two or more persons may be named as primary Beneficiaries or contingent Beneficiaries. We will pay equal shares when there is more than one Beneficiary of the same class, unless You specify otherwise on the Beneficiary designation.

No revocable Beneficiary has rights under this policy until the Second Insured dies. An irrevocable Beneficiary cannot be changed without his or her consent.

You may change the Beneficiary at any time before the death of the Second Insured by sending written notice to Us. The change will be effective as of the date You signed the notice, but We will not be liable for any payments We make or other actions We take before the notice is received at Our Home Office.

Unless You have instructed otherwise, if the Beneficiary is the spouse of the Second Insured, and both die and We cannot tell who died first, We will pay the Death Proceeds as if the Beneficiary had survived the Second Insured.

## ***Death Benefit Provisions***

### ***Death Benefit***

We will pay the Death Benefit as described in the ***Payment of Proceeds*** section within two months after We receive proof that both Insureds died while this policy was in force, and any other proof that We may require in order to investigate the claim. The Beneficiary should contact Us at the Home Office or contact one of Our agents for instructions on how to file a claim.

### ***Qualification as Life Insurance***

To qualify as life insurance under applicable tax laws, Your policy must satisfy either the Guideline Premium Test or the Cash Value Accumulation Test. The Test used on the Policy Date is shown on the Policy Schedule. The minimum death benefit factors shown on the Policy Schedule correspond to this Test. The Test cannot be changed after the Policy Date.

### ***Death Benefit Options***

The Death Benefit will be one of the following two Options, as selected by You on the application, or as subsequently changed by You. The amount payable when We receive proof of death of both Insureds will be the Death Benefit valued as of the Second Insured's date of death. Any premiums received by Us after such date will be refunded to You.



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### ***Option 1***

The Death Benefit is the greater of the following, less any Indebtedness: (1) the Specified Amount; or (2) the Account Value times the applicable factor from the minimum death benefit factors table shown on the Policy Schedule.

### ***Option 2***

The Death Benefit is the greater of the following, less any Indebtedness: (1) the Account Value plus the Specified Amount; or (2) the Account Value times the applicable factor from the minimum death benefit factors table shown on the Policy Schedule.

**Your monthly Cost of Insurance Charge will be higher if You choose Death Benefit Option 2 because the Net Amount at Risk for Your policy will be higher. Therefore, the amount of premium You need to pay to keep the policy from terminating may also be higher.**

### ***Specified Amount and Death Benefit Option Changes***

At any time after the first policy year, You may request a decrease in the Specified Amount, or a change in the Death Benefit Option, by sending notice to Us in writing at Our Home Office. Following Our approval of any such change, We will send You an amended Policy Schedule. We will not allow increases in the Specified Amount except when required by a Death Benefit Option change as described in the Changing the Death Benefit Option section of the policy.

### ***Decreasing the Specified Amount***

Any decrease in the Specified Amount that You request will become effective on the first Monthly Anniversary Day after We receive Your request. The minimum decrease is shown on the Policy Schedule. The new Specified Amount must not be less than the minimum issue limit shown on the Policy Schedule at issue. We may limit the amount of the decrease to preserve the tax status of this policy as life insurance.

### ***Changing the Death Benefit Option***

At any time after the first policy year, You may request a change in the Death Benefit Option. If You change the Death Benefit Option, We will increase or decrease the Specified Amount of Your policy such that the Death Benefit will be the same both immediately before and immediately after the change. If You request a change from Option 1 to Option 2, We will decrease the Specified Amount by the amount, if any, needed to keep the Death Benefit the same both before and after the change. If You request a change from Option 2 to Option 1, We will increase the Specified Amount by the amount, if any, needed to keep the Death Benefit the same both before and after the change. You may not make a change in the Death Benefit Option that would reduce the Specified Amount below the minimum issue limit shown on the Policy Schedule.

**If You change from Option 1 to Option 2, the Net Amount at Risk for Your policy will not decrease over the life of the policy as it might have under Option 1, so You may pay higher monthly Cost of Insurance Charges in later policy years. Therefore, the amount of premium You need to pay to keep the policy from terminating may also be higher.**

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**Premium  
Payment  
Provisions**

***Payment of Premiums***

You may make premium payments under this policy during the lifetimes of one or both of the Insureds. The minimum premium You may pay is shown on the Policy Schedule. However, We will accept smaller premium payments if You pay by pre-authorizing Us to make automatic deductions from Your bank account. There is no maximum premium payment amount except We may refuse to accept any premium payment which would:

- (1) cause this policy to fail to qualify as life insurance under federal tax laws, unless such premium is required to keep the policy in force; or
- (2) increase the Net Amount at Risk for Your policy.

In order for this policy to take effect, the first premium paid must equal at least the No-Lapse Guarantee Minimum Monthly Premium as shown on the Policy Schedule at issue. Premiums after the first are payable at Our Home Office.

***Planned Premiums***

Your Planned Premium is shown on the Policy Schedule, but You are not required to make premium payments according to a set schedule. You may skip a Planned Premium payment, and You may change the frequency and the amount of the Planned Premium shown.

**The amount and frequency of Your premium payments will affect Your policy values and the length of time for which You have insurance coverage. If Your Planned Premium is not enough to keep Your policy in force, You may need to change Your Planned Premium or make additional premium payments to keep Your policy from terminating.**

***Discontinuance of Premium Payments; Continuation of Insurance***

If premium payments are not continued, insurance coverage under this policy and any benefits provided by rider will be continued until the policy lapses as described below in the ***Grace Period and Termination of Coverage*** section. No rider will be continued beyond the termination date provided in the rider.

***Grace Period and Termination of Coverage***

Except as described below in the ***Guarantee of Continued Coverage*** section, on any Monthly Anniversary Day when the Net Cash Surrender Value is less than the sum of the Monthly Policy Charges for the current month, We will allow a Grace Period. We will mail You, and anyone shown on Our records as holding this policy as collateral, a notice indicating the minimum premium You must pay in order to keep the policy in force. If a no-lapse guarantee is in effect, the amount of premium needed to keep this policy in force will be the lesser of:

- (1) an amount of premium which will result in a Net Cash Surrender Value sufficient to pay all Monthly Policy Charges due through the end of the Grace Period; or
- (2) the minimum premium needed under the no-lapse guarantee provision to keep the policy in force through the end of the Grace Period.

If there is not a no-lapse guarantee in effect, the amount of the minimum premium needed to keep this policy in force is the amount stated in (1) above.

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You will have 61 days from the date We mail You this notice to pay or mail an amount equal to or more than the minimum needed premium. If You do not pay or mail at least the minimum needed premium within the 61-day Grace Period, all coverage provided by this policy will terminate without value at the end of the 61-day period. We will rely on the postmark to determine the date of mailing. If the Second Insured dies during the Grace Period, the proceeds paid will be reduced by the amount of any unpaid charges, not to exceed three times the sum of the Monthly Policy Charges, or the amount of minimum premium needed under the no-lapse guarantee provision to keep the policy in force through the date of death, if less. We will not terminate this policy until at least 61 days after We mail You and anyone shown on Our records as holding this policy as collateral, notice at the last addresses shown on Our records.

### ***Reinstatement***

If the Grace Period expires and Your policy terminates because You have not paid the needed premium, You may apply to reinstate the policy within five years after the expiration of the Grace Period if the Insured is still living. The policy can be reinstated only if either (a) both Insureds are alive; or (b) one insured is alive and the policy ended upon the death of the other Insured. The reinstatement is subject to evidence of insurability satisfactory to Us. In addition, You must pay an amount of premium which will result in a Net Cash Surrender Value sufficient to pay all accrued and unpaid costs and charges that would have been subtracted from the Account Value if there had been sufficient value on each Monthly Anniversary Day from the date the policy entered the Grace Period to the date of reinstatement, plus an amount sufficient to cover the Monthly Policy Charges for three months beyond the date of reinstatement. You must also repay or reinstate any Indebtedness that existed at the time of the termination. The reinstatement will be effective on the Monthly Anniversary Day on or following the date the application for reinstatement is approved by Us.

Following a reinstatement, Surrender Charges will continue to apply from the Policy Date as if there had been no lapse. We will restore any Surrender Charges deducted from Your policy at the time of lapse.

### ***Guarantee of Continued Coverage***

#### ***No-Lapse Guarantee***

Beginning on the Policy Date and continuing for the lifetimes of the Insureds, We guarantee that this policy will not terminate or begin the Grace Period if, **on the Monthly Anniversary Day a Grace Period would otherwise begin**, (1) is equal to or greater than (2), where:

- (1) is the sum of the premiums paid, less any withdrawals (including withdrawal fees), plus interest accrued daily on the balance at the effective annual rate shown on the Policy Schedule as the Accumulation Rate for No-Lapse Guarantee Minimum Monthly Premium, less the amount of any Indebtedness; and

- 
- (2) is the sum of the No-Lapse Guarantee Minimum Monthly Premium in effect on each Monthly Anniversary Day through and including the Monthly Anniversary Day on which the Grace Period would begin, plus interest accrued daily on each such premium from the Monthly Anniversary Day it is due at the effective annual rate shown on the Policy Schedule as the Accumulation Rate for No-Lapse Guarantee Minimum Monthly Premium.

Following a reinstatement, the above test will continue to apply from the Policy Date as if there had been no lapse. We will restore any Surrender Charges deducted from Your policy at the time of lapse.

## **Policy Values**

### **Account Value**

- (1) the Account Value on the preceding Monthly Anniversary Day plus interest thereon to the current day; plus
- (2) any Net Premium received since the preceding Monthly Anniversary Day and interest thereon from the date of receipt to the current day; less
- (3) any withdrawal (including any withdrawal fee) paid since the preceding Monthly Anniversary Day and interest thereon from the date of payment to the current day; less
- (4) any Monthly Policy Charges due.

### **Interest Rate**

Your Account Value will earn interest. Interest will be credited to Your Account Value on each day after the Policy Date as described in the **Account Value** section. We guarantee that this interest rate will never be less than the effective annual rate shown on the Policy Schedule as the minimum guaranteed interest rate. We may, but are not required to, credit interest at current rates in excess of the guaranteed rate. Any such current interest rate will be determined by a prospective, and not retrospective assessment by Us of investment conditions. The current interest rate may vary by the size of the Account Value and the length of time the policy has been in force. We can apply a different rate of interest to that portion of the Account Value that is equal to Indebtedness, but it cannot be less than the minimum guaranteed interest rate shown on the Policy Schedule.

### **Cash Surrender Value**

The Cash Surrender Value of this policy is the Account Value, less any applicable Surrender Charge, as described in the **Surrender Charge** section.

### **Net Cash Surrender Value**

The Net Cash Surrender Value of this policy is the Cash Surrender Value less the amount of any Indebtedness.

### **Withdrawal**

At any time after the first policy year, You may withdraw part of the Account Value of this policy by written notice to Us. The minimum amount of any withdrawal is shown on the Policy Schedule. No withdrawal can be made which would reduce the Net Cash Surrender Value to less than the minimum Net Cash Surrender Value shown on the Policy Schedule. We will charge a withdrawal fee for each withdrawal after the first in a policy year. The amount of the withdrawal fee is shown on the Policy Schedule.

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The amount withdrawn (including any applicable withdrawal fee) will be deducted from the Account Value. A deduction from the Account Value will reduce the Death Benefit.

In addition, unless the Death Benefit is Death Benefit Option 2, We will reduce the Specified Amount to the extent necessary such that the difference between the Death Benefit and the Account Value will be no greater immediately after the withdrawal than it was before the withdrawal. You may not make a withdrawal that would reduce the Specified Amount below the minimum issue limit shown on the Policy Schedule.

We may defer the payment of any withdrawal for a period of up to six months from the date of Our receipt of the notice giving rise to such payment. Any delay will be on a nondiscriminatory basis toward You.

### ***Full Surrender***

You may surrender this policy for the Net Cash Surrender Value by written notice to Us. The amount We pay to You will be the Net Cash Surrender Value as of the date We process the written notice. We will pay proceeds as described in the ***Payment of Proceeds*** section.

Upon surrender within 30 days of a policy anniversary, the Cash Surrender Value under the policy will not be less than the Cash Surrender Value on such anniversary.

## ***Loan Provisions***

### ***Right to Borrow and Maximum Loan***

You may request a loan from Us. The maximum cumulative loan amount available under this policy, including any Indebtedness, may not exceed the Cash Surrender Value, less an amount equal to the Monthly Policy Charges for the next two months, and less the amount of loan interest on such maximum cumulative loan to the next policy anniversary. Indebtedness is secured by a first lien on this policy and any amounts payable under this policy. This policy will be the only security We require for the loan.

We may delay granting any loan for up to six months except for a loan to pay premiums on this policy or any other policy We issue. Any delay will be on a nondiscriminatory basis toward You.

### ***Loan Interest***

The maximum loan interest rate We charge is shown on the Policy Schedule. Loan interest is charged in arrears and is due on each Policy Anniversary and on the date the loan is repaid in full. The amount of any loan interest charged on the loan that is not paid when due will be treated as an additional loan.

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### ***Policy Termination***

If the Indebtedness exceeds the Cash Surrender Value on any Monthly Anniversary Day, We will terminate this policy. We will not do this, however, until 61 days after We mail notice to You indicating the minimum amount of loan repayment that must be made in order to keep this policy in force. We will mail the notice to You, and to anyone shown on Our records as holding this policy as collateral, at the last addresses shown on Our records. A termination under this provision will not reduce the Grace Period described in the ***Grace Period and Termination of Coverage*** section.

### ***Repaying Loans***

Loans can be repaid in whole or in part at any time during the lifetimes of one or both Insureds. Any Indebtedness not repaid will reduce the amounts payable upon surrender of the policy or at the death of the Second Insured.

All payments We receive from You will be credited to Your policy as premium unless You give Us written notice that the payment is for loan repayment. Loan repayments will first be applied to pay accrued but unpaid interest on the loan. The balance will reduce the outstanding balance of Your loan.

## ***Policy Costs and Charges***

### ***Premium Charges***

We deduct certain charges from premium payments when We receive them to partially cover Our expenses of distributing the policy. These charges are 1) the Premium Expense Charge; and 2) the State Tax Charge.

### ***Premium Expense Charge***

We deduct a Premium Expense Charge from each premium payment received. This charge is deducted before the premium payment is credited to the policy.

The maximum Premium Expense Charge rates are shown on the Policy Schedule. At Our option, We may charge less than the maximum rates shown.

The maximum Premium Expense Charge rates differ based on the following:

- The length of time a Coverage Layer has been in effect.
- The amount of the Target Premium for a Coverage Layer.

To determine the amount of the Premium Expense Charge deducted from each premium payment, We do the following:

- (1) We allocate the premium payment to each Coverage Layer in the same proportion as the Target Premium for a Coverage Layer bears to the total Target Premiums for all Coverage Layers.
- (2) We determine the coverage year for each Coverage Layer.
- (3) For each Coverage Layer, We determine the portions of the premium payment allocated to the Coverage Layer in its current coverage year that are below and above the Target Premium for that Coverage Layer.
- (4) We multiply each portion of the premium payment allocated to the Coverage Layer by the applicable Premium Expense Charge rate.
- (5) We add together the Premium Expense Charges for all of the Coverage Layers.

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### ***State Tax Charge***

To cover state premium taxes associated with distribution of this policy, We will deduct a State Tax Charge from each premium received. This charge is deducted before the premium payment is credited to the policy. To determine the amount of the charge, We multiply the amount of the premium payment by the applicable State Tax Charge rate. The State Tax Charge rate We charge will vary by state to reflect the rate of premium tax charged by each state. We guarantee that the rate will never exceed the maximum State Tax Charge rate shown on the Policy Schedule.

### ***Monthly Policy Charges***

We deduct certain charges from Your Account Value on each Monthly Anniversary Day as shown on the Policy Schedule to partially cover Our expenses of distributing, issuing and administering the policy, and to cover the cost of providing the base policy life insurance and rider benefits to You. These charges are 1) the Cost of Insurance Charge; 2) the Per Policy Charge; 3) the Per \$1,000 Charge; and 4) monthly charges for any riders.

### ***Cost of Insurance Charge***

We will deduct a Cost of Insurance Charge from Your Account Value on each Monthly Anniversary Day as shown on the Policy Schedule. The maximum monthly Cost of Insurance Charge rates for each policy year are shown on the Policy Schedule. At Our option, We may charge less than the maximum rates shown.

To determine the amount of the charge on any Monthly Anniversary Day, We divide the Net Amount at Risk for Your policy as of that Monthly Anniversary Day by 1000 and multiply by the monthly Cost of Insurance Charge rate for the applicable policy year.

The current monthly Cost of Insurance Charge rates for Your policy depend on the age, sex and risk class of each Insured on each policy anniversary. Any change in the current monthly Cost of Insurance Charge rates will be on a non-discriminatory basis toward any Insureds and will apply equally to all Insureds of the same ages, sexes and risk classes whose coverage has been in effect for the same length of time.

### ***Per Policy Charge***

We will deduct a Per Policy Charge from Your Account Value on each Monthly Anniversary Day as shown on the Policy Schedule. The maximum monthly Per Policy Charge is shown on the Policy Schedule. At Our option, We may charge less than the maximum amount shown.

### ***Per \$1,000 Charge***

We will deduct a Per \$1,000 Charge from Your Account Value on each Monthly Anniversary Day as shown on the Policy Schedule. The maximum monthly Per \$1,000 Charge rates for the initial Coverage Layer are shown on the Policy Schedule. At Our option, We may charge less than the maximum rates shown.

To determine the amount of the charge on any Monthly Anniversary Day, We divide the Specified Amount for each Coverage Layer by 1000 and multiply by the monthly Per \$1,000 Charge rate applicable to that Coverage Layer. We then add together the charges for each Coverage Layer.

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If the Specified Amount for an existing Coverage Layer is increased due to a Death Benefit Option change, or if the Specified Amount is decreased for any reason, the monthly Per \$1,000 Charge will continue to be calculated as if the increase or decrease had not occurred.

The maximum monthly Per \$1,000 Charge rate for a Coverage Layer depends on the age, sex and risk class of each Insured on the Policy Date or effective date of a Coverage Layer.

### ***Rider Charges***

Charges for any riders You add to Your policy are described in the applicable rider. Maximum rider cost of insurance charges will be shown in the Policy Schedule.

### ***Surrender Charge***

For a certain period following the Policy Date We will deduct a Surrender Charge from Your Account Value if either of the following occurs:

- (1) You surrender Your policy; or
- (2) a Grace Period ends without sufficient premium or loan repayment being paid to Us to keep the policy in force.

The amount of the Surrender Charge that would apply in each policy month of Your policy is shown on the Policy Schedule at issue.

The Surrender Charge amounts depend on the age, sex and risk class of each Insured on the Policy Date.

## ***Payment of Proceeds***

### ***Policy Proceeds***

The proceeds of this policy may be either Death Proceeds, payable to the Beneficiary upon the death of the Second Insured, or Net Cash Surrender Value proceeds, payable to You if this policy is canceled for its Net Cash Surrender Value during the lifetime of one or both Insureds.

### ***How We Pay***

Proceeds may be paid in a lump sum or under one or more Income Plans. The Income Plans are described in ***The Income Plans*** section.

Net Cash Surrender Value proceeds will be due on the date We receive Your written request at Our Home Office. We may defer the payment of Net Cash Surrender Value proceeds for a period of up to six months from the date of Our receipt of the notice giving rise to such payment. Any delay will be on a nondiscriminatory basis toward You.

Death Proceeds will be due on the date of the Second Insured's death. We will make payment within two months following receipt of due proof of death and any other proof that We require in order to investigate the claim.

We will pay interest on the Death Benefit if we fail to make payment within a reasonable period of time, not to exceed 30 days, after we receive proof of death. The rate will be at an annual rate of 8%, payable from the date of death to the date of payment. If payment is to be made under an income plan, "date of payment" will be the effective date of the plan.



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## ***Choosing an Income Plan***

You may choose an Income Plan shown on the Policy Schedule for Net Cash Surrender Value proceeds or for Death Proceeds during the lifetime of either Insured. If You choose an Income Plan, a Beneficiary may not change it. If You do not choose an Income Plan before the Second Insured dies, the Beneficiary can choose one. If the Beneficiary does not choose an Income Plan within 60 days after the date proceeds are due, We will pay the proceeds in a lump sum. For each plan We may issue a separate written agreement putting the plan into effect. The minimum amount that may be applied under an Income Plan is shown on the Policy Schedule. Each payment must be at least the minimum payment amount shown on the Policy Schedule. We may make less frequent payments if payments to be made would be less than the minimum payment amount.

The Beneficiary may be the payee for payments under the selected Income Plan, or may name a different payee to receive the payments under Income Plans. The Beneficiary may also name a contingent payee to receive any amount still due when the payee dies. If a payee dies and there is not a contingent payee, any amount due and unpaid will be paid to the estate of the payee who died. A payee or contingent payee may not be a fiduciary or non-natural person without Our consent.

### ***The Income Plans***

In addition to the Income Plan(s) shown on the Policy Schedule, other Income Plans may be available. The Income Plans are described in terms of monthly payments. You may request quarterly, semi-annual or annual payments instead of monthly payments. We will quote the amount of the other payments upon request.

We guarantee interest under the Income Plans at the minimum effective annual income plan interest rate shown on the Policy Schedule. We may increase the interest rate above the minimum. Payments will be based on the interest rate in effect on the date of the first payment. Life contingent payments will be based on the income plan mortality table shown on the Policy Schedule.

### ***Commutation of Income Plans***

No payment and no amount held under an Income Plan may be transferred or withdrawn before its due date. However, the right to transfer or withdraw may be made a part of any plan, if We agree.

## ***General Provisions***

### ***Annual Report***

At least once a year We will send You an annual report without charge showing the current Account Value, Surrender Charge, Cash Surrender Value, Indebtedness, Net Cash Surrender Value, amount of interest credited to the Account Value, premiums paid, loan activity, withdrawals, Premium Charges, Monthly Policy Charges, and any other fees deducted since the date of the last report. Any other information required by applicable law will also be included in the annual report.

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### ***Projection of Benefits and Values***

You may request other information about this policy, including a projected illustration of policy benefits and values, based upon assumptions as are necessary and specified by Us and/or You. We may charge a fee not to exceed the maximum illustration fee shown on the Policy Schedule to provide this information. We may limit the number of illustrations We will provide in a policy year.

### ***Reliance***

We have issued this policy in reliance on the answers You have provided to Us in the application and in any supplemental applications. In the absence of fraud, these answers are considered representations, and not warranties. We have assumed that all these answers are true and complete. If they are not, We may contest the validity of this policy as explained in the ***Limits on Our Contesting This Policy*** section. If that occurred, We would send back all the premiums You had paid, or the monthly costs of insurance charges for any rider We contest.

### ***Tobacco Use Reclassification***

You may apply for reclassification of an Insured from tobacco user to non-tobacco user by completing a form provided by Us. If You apply for a reclassification, the application will become part of the application for the policy. If the Insured meets Our criteria for non-tobacco user reduced Cost of Insurance Charge rates based upon the application, We will send an amended Policy Schedule showing the new classification and the new maximum Cost of Insurance Charge rates. The reduced rates will be effective on the Monthly Anniversary Day following Our receipt of the application. We will not contest the amount of insurance attributable to the reduction in Cost of Insurance Charge rates after the reduced rates have been in effect during the Insured's lifetime for two years from the date of the reduction.

Reclassification will be based upon Our general underwriting rules in effect at the time of the application, which may include criteria other than smoking and/or tobacco use status and may include a definition of smoker and/or tobacco use different from that at issue. No information provided in the application will be used to assign the Insured to a less favorable classification.

### ***Limits on Our Contesting This Policy***

No statement will be used in contesting this policy unless it is in an application or supplemental application and a copy of such application is attached to this policy. No statement will be used in contesting a rider unless it is in an application or supplemental application for such rider and a copy of such application is attached to this policy. This provision shall not apply to any agreement providing benefits in event of disability or in event of death from accidental means.

We will not contest this policy after it has been in effect during both Insureds' lifetimes for two years from the Policy Date. Unless otherwise provided in the rider, We will not contest any rider attached to this policy after the rider has been in effect during the Insured's lifetime for two years from the effective date of the rider.

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We will not contest this policy with respect to statements made in an application for reinstatement after the policy has been in effect during both Insureds' lifetimes for two years from the effective date of the reinstatement, or if only one Insured was alive at the time of the lapse, after the policy has been in effect during that Insured's lifetime for two years from the effective date of the reinstatement. Any premium refund will be limited to those paid on or after the effective date of the reinstatement.

Our right to contest beyond these two-year periods is limited to the Insured(s) who died during such period. The policy or rider is incontestable with respect to the Insured(s) who survived the two-year period.

You agree to notify Us of the death of the first Insured to die as soon as reasonably possible. Upon the death of an Insured, You also agree to provide Us with an authorization for the release of medical records and any other documents requested to verify the eligibility for benefits. If You do not notify Us of the first death which occurred in the first two policy years, and any other two-year period mentioned above, this policy or the appropriate part of it will remain contestable even if You continue to pay premiums and We continue to accept them.

### ***Policy Exchange Option***

We will exchange this policy for two individual policies, one on the life of each of the Insureds, subject to the conditions stated below.

This option may be exercised on or within 6 months after the date one of the following exchange option events occurs:

- (1) A final divorce decree on the Insureds' marriage has been in effect for 6 months and the Insureds have been living separately and independently for a continuous 6-month period. In no event can this option be exercised more than 12 months following the final divorce decree.
- (2) The Federal Tax Law is changed resulting in:
  - (a) the repeal of the unlimited marital deduction provision; or

a reduction by at least 50% of the maximum federal estate tax bracket.

In addition, the following conditions for exchange listed below must be met:

- This policy must be in force.
- We must receive the first premium for each new policy.
- The Owner and the Insured must sign the application for each new policy.
- Any administrative requirements deemed necessary by Us must be met.
- If an Insured was not in a preferred or standard risk class on the Policy Date, We must receive evidence of insurability satisfactory to Us.
- Written request satisfactory to Us must be received at Our Home Office on or within 6 months after the date an exchange option event occurs. Written request must be submitted by the Owner of this policy.
- Evidence of the exchange option event satisfactory to Us must be received at Our Home Office on or within 6 months after the date an exchange option event occurs.
- This policy must be surrendered to Us before the exchange date.
- The exchange date is the Monthly Anniversary Day following the date this option is exercised.

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- This policy, including any attached riders, will terminate on the day before the exchange date. This is the termination date.
  - Both of the Insureds under this policy must be living on the exchange date.
  - Any assignee must agree in writing to the exchange.

This policy must have enough value to remain in force until the exchange date.

We will issue two new policies as follows:

- The face amount of each new policy will be: (1) one-half of this policy's Specified Amount on the exchange date; plus (2) one-half of the death benefit of any second-to-die rider (which covers both Insureds) attached to this policy; plus (3) the face amount of any single life rider for the same Insured.
- The premium deposited to each new policy will be one-half of this policy's Account Value as of the termination date.
- The policy date of each new policy will be the exchange date.
- Each new policy will be subject to one-half the amount of any Indebtedness on this policy.
- Each new policy will be subject to any existing assignment of this policy.
- Additional benefit riders will be available with each new policy only with Our consent; evidence of insurability at the Insured's age will be required.
- The risk class for each new policy will be subject to the risk classes available for the new policy and the Insured's risk class when this policy was underwritten. If an Insured was not in a preferred or standard class then, the new policy will be based on the current risk class of the Insured. If such an Insured is now uninsurable, We will not issue a new policy for that Insured but We will treat one-half of this policy as if it had been surrendered and pay one-half of its Net Cash Surrender Value to the Owner of this policy.
- Current and maximum cost of insurance charges on each new policy will be based on the age, sex and risk class of the Insured.

This policy exchange option terminates:

- If one of the Insureds under this policy dies.
- If this policy terminates.
- If this policy is exchanged.

### ***Suicide***

We will pay only a limited benefit if either of the Insureds commits suicide while sane or insane, within two years from the Policy Date. If the policy is in effect, We will return the premiums You paid, less: (1) the amount of any Indebtedness; (2) any withdrawal amount (including withdrawal fees); and (3) all monthly costs of insurance on all persons other than the Insureds ever covered by rider. If the amount of the Net Cash Surrender Value is larger, We will pay it instead.

If the first Insured to die committed suicide, You may choose between taking such limited benefit in cash or receiving a single life policy on the life of the surviving Insured with the limited benefit used as a premium. The face amount of this new policy will be the Specified Amount of this policy and the amount of insurance provided by rider on the life of the surviving Insured (excluding any first-to-die rider) when this policy was issued. The new policy will be a flexible premium universal life policy, will have the same policy date as this policy and will be based on the underwriting classification of the surviving Insured when this policy was issued. The incontestability and suicide provisions of the new policy

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will run from its policy date. However, it may be necessary to pay an additional premium at the time of this change because the premium for a single life policy is higher than the premium for a joint life policy with the same amount of death benefit.

If the surviving Insured also commits suicide, while sane or insane, before the second policy anniversary and before We have paid the limited benefit described above, We will pay the limited benefit in cash to the beneficiary

If the surviving Insured dies (but not by suicide) within 30 days of the suicide of the First Insured and before You choose between taking the limited benefit in cash or receiving the new policy, We will assume that You chose the new policy and deduct any necessary additional premium from the death proceeds under the new policy. If such second death is more than 30 days after the suicide and We have not received Your request for the new policy, We will pay the limited benefit in cash to You.

A similar limited benefit will be payable in cash to the beneficiary if the death of the first Insured to die is not by suicide and the surviving Insured commits suicide, while sane or insane, before the second policy anniversary. It will be based on the second date of death

This provision also applies to any rider attached to this policy. The two-year period will be measured from the rider's date of issue.

### ***Error in Age or Sex***

If either Insured's age or sex as stated in the application is wrong, it could mean the Monthly Policy Charges are wrong and that policy values have to be recalculated. The same is true for the age or sex of any other person insured by a rider to this policy. If the error is discovered while at least one Insured is still living, We will adjust the Account Value to the amount it would have been if the monthly Cost of Insurance Charges for the correct age and sex of each Insured had been applied from the Policy Date. If the error is discovered after the deaths of both Insureds, We will adjust the amount of the Death Proceeds payable to the amount that the monthly Cost of Insurance for the month of death would have purchased at the correct age and sex of each Insured.

### ***Claims of Creditors***

The proceeds of this policy will be paid free from the claims of creditors to the extent allowed by law.

### ***Assignment***

You may assign this policy, subject to the rights of any irrevocable Beneficiary, by giving Us written notice of the assignment. An assignment does not change the ownership of the policy. But, Your rights and any Beneficiary's rights will be subject to the terms of the assignment. We will not be responsible for the validity of an assignment. We will not be liable for any payments We make or actions We take before We receive written notice, satisfactory to Us, at Our Home Office of an assignment or, as applicable, a release of assignment.

### ***Required Note on Our Computations***

Calculations are based on the Mortality Tables and minimum guaranteed interest rate(s) shown on the Policy Schedule. We have filed a detailed statement of Our computations with the applicable State Insurance Department. The values under this policy are not less than those required by the law of the state where the policy is delivered. Any benefit provided by an attached rider will not increase

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these values unless stated in the rider.

### ***Authority to Make Agreements***

All agreements made by Us must be in writing and signed by Our president, a vice president, Our secretary or an assistant secretary. No other person, including an insurance agent, can change any of this policy's terms, extend the time for paying premiums, or make any other agreement which would be binding on Us.

### ***Conformity with Laws***

We reserve the right to make any changes necessary to comply with any federal or state statute, rule or regulation. We do not need Your consent to make such changes.

### ***When In Force***

The policy will take effect on the date You have received it, satisfied all delivery requirements, and paid the minimum initial premium as described in the ***Payment of Premiums*** section while both Insureds are alive and in the same health as indicated in the application. It will take effect anew on any reinstatement date. The policy will be "in force" from the time it takes effect until it ends as described in the ***Termination*** section.

### ***Termination***

This policy will terminate and all insurance coverage under the policy will stop: (1) as of the date We receive notice from You requesting surrender of the policy; (2) as of the date the Second Insured dies (although some riders may provide benefits for other covered persons beyond the Second Insured's death); (3) as of the date the Grace Period expires without payment of the needed premium; or (4) as of the date 61 days after We mail You notice that the amount of the Indebtedness exceeds the Cash Surrender Value less the Monthly Policy Charges without payment of the needed loan repayment; or (5) the day before the exchange date under the ***Policy Exchange Option*** section.

### ***Notices***

Whenever written notice is required, send it to Our Home Office. The address of Our Home Office is shown on the front of this policy. Please include the policy number in Your correspondence.

### ***Nonparticipating***

This policy and any riders attached to it are issued at a nonparticipating rate and shall not share in Our surplus earnings.

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**Columbus Life Insurance Company**

Flexible Premium Survivorship Universal Life Insurance Policy  
Issued on Insureds in Risk Classes Shown on Policy Schedule  
Death Benefit Payable at Death of Second Insured  
No-Lapse Guarantee with Minimum Monthly Premium  
Nonparticipating